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**““It Doesn’t Matter How Clever
You Think You Are”” -The Effects
of Being Observed in Infant
Observation Used in
Psychoanalytically Informed
Psychotherapy Trainings.**

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Professional Doctorate in
Psychoanalytic Psychotherapy.

A thesis submitted in fulfilment of
the requirements of the University of
Northumbria at Newcastle for a
Professional Doctorate in
Psychoanalytic Psychotherapy.

Faculty of Health and Life Sciences

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Research Abstract

“‘It Doesn’t Matter How Clever You Think You Are’” -The Effects of Being Observed in Infant Observation Used in Psychoanalytically Informed Psychotherapy Trainings.

The first research question is - are there effects of being observed in this context, and if so, what are they? I wanted to find out something about the experience from the perspective of the observed participant, and to consider what effects being a subject of such observation might be. As a supervisor of such infant observations I found that the value of the observations for training had been considered and researched but there was little written about the effect of being the subject. The second question is how to research this, and how to evidence conclusions. Thus, the aims of the research also fall into two main areas. To investigate these possible effects could inform the profession about the conduct of such observations, and also could illuminate some psychoanalytic theory and clinical practice. Thinking about how to do this is the second research aim; it led to looking at whether and how qualitative sociological research methodologies and psychoanalytic thinking and enquiry could work together and where the tensions between them might be.

Looking for a congruent qualitative methodology led to learning about Interpretative Phenomenological Analysis (IPA). I thought this offered the chance of embedding and using my own experiences and understandings in the analysis of the data and I could use semi-structured interviews with dyads of observers and who they observed. The main findings are that it is a process that observed participants find valuable. However, there is an underlying anxiety about being judged negatively, which requires something from the observer to ameliorate. The benefits are chiefly in internal experiences of being held and contained, and having healthy narcissism supported. These assist the mother in her role as the main provider of the facilitating environment in which the infant can thrive. The process of being observed has impact although the observer is only present for a very small part of a week. I have found evidence to suggest that the process of projective identification may be reactive.

The methodological challenge of integrating psychoanalysis and IPA led to another finding. How meaning and existential import are extrapolated in both psychoanalytic enquiry and IPA relies heavily on the researcher's understanding of the material and the emotional valence surrounding it. Transcribing myself and looking deeply at the transcripts showed many moment-by-moment features which seemed lively and important, but again these were through my own lens and needed some other kinds of evidence. I then examined not only repeated words but pauses and turn-taking and vivid descriptions and quoted speech. With these tools and the use of my reflexivity and countertransference I drew conclusions from the data and also compared the dyads (observer and observed) with each other, and across the two categories.

The findings could have importance in the direct influence on infant observation programmes which are a common part of many trainings, and what effects being observed might have could inform the profession about how they are conducted. The findings could also contribute to a theoretical discussion in psychoanalytic theory and practice about projective identification. The methodological findings attest to the strengths of both IPA and psychoanalytic understanding, but examining patterns of speech and other dynamic aspects of the data along with these methodologies and epistemologies can contribute to evidencing robust findings.

Declaration

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work. I also confirm that this work fully acknowledges opinions, ideas and contributions from the work of others.

Any ethical clearance for the research presented in this thesis has been approved. Approval was sought and granted by the Faculty Ethics Committee on 2nd December 2014.

I declare that the word count of this thesis is 59,932 words, excluding references, contents list, notes and glossary.

Name: Jan McGregor Hepburn

Signature

Contents

Notes	10
Acknowledgements	12
 Chapter 1- Introduction.	
Overview	13
Infant observation in psychotherapy trainings	14
Context of such observations	16
Content of such observations	17
The psychoanalytic model, including explanation of relevant theory	18
Conclusions	25
 Chapter 2- Literature- Overview.	
Introduction	27
Observation in a wider context	28
Psychoanalytic research	30
Previous theory and research into effects	32
The work of D.W. Winnicott	36
Limitations of review	45
Key texts	48
 Chapter 3- Methodology	
Introduction	58
Psychoanalytic and qualitative research	59
Interpretative Phenomenological Analysis –IPA	60
Psychoanalysis and IPA	61
Search results	63
Discussion	76
Three areas of evidence	
Commonality	77
Triangulation	79
Reflexivity and countertransference	81

Conclusions	82
Overview of method	85
 Chapter 4- The Research Design and Method.	
Background	86
Process overview	87
Participants and the process	88
Reflexivity and countertransference	91
 Chapter 5- Thematic Findings Using IPA.	
Process and findings map	94
Introduction	95
Repeated words and/or use of similar words	95
A calm space	98
Motivation	98
Discussion	100
Conclusions	103
 Chapter 6- Transcript Analysis Using Three Tools.	
Introduction	105
Conversation Analysis [CA]	106
Uses of direct speech/reported speech/quoted speech	107
Transcript analysis looking at direct speech	110
Silences	114
Silences- transcript analysis	116
Comments and possible conclusions	119
Reflexivity and countertransference	120
Reflexivity and countertransference- transcript analysis	123
Conclusions	132
 Chapter 7- Research findings using congruence and difference.	
Introduction	134
Congruence	134
Three congruences in the data	136

Congruence of process	136
Comments	138
Differences	139
Discussion	143
Conclusions	147

Chapter 8- Illustrated Relevant Psychoanalytic Concepts.

Introduction	149
Healthy narcissism	149
Healthy narcissism and lived experience	151
Projective identification	155
Projective identification and lived experience	159
Holding and containment	172
Containment and holding and lived experience	172
Conclusions	176

Chapter 9- Results and Conclusions.

Introduction	177
Findings	178
Themes	180
Theoretical conclusions	183
Limitations and areas for future research	186
Professional implications	187
Implications for the profession	189
Conclusions	191

References	193
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Appendices

Appendix 1- Literature Summary	202
Appendix 2- Journal Overview	221
Appendix 3- Ethics	226
Appendix 4- IPA/Psychoanalytic Papers- Search	265
Appendix 5- Transcript Analyses	271

Appendix 6- Information Given	308
Appendix 7- Reflective Diary Extracts	316
Appendix 8- Feedback and Reference Group	322
Table 1- Other Research Papers	333
Table 2- IPA/Psychoanalytic Papers- Results	334
Table 3- Repeated words etc.	339

Notes

“Infant/infants” and “baby/babies” are used interchangeably depending on the context, and refer to infants under one year of age.

“Parent/ parents”, “carer/carers” and “mother/mothers” are used interchangeably depending on the context. This is not to imply any judgement about the gender of the person referred to.

“Observed” and “mother” are used interchangeably. The observed interviewed for this research were all mothers. There are infant observations conducted where the father or a carer is observed, but none in this research. There is no implication in this; the choice of participants was random.

Glossary

There are many psychoanalytic terms used which are explained and examined in the relevant Chapters. Below are brief descriptions of some of the research terms used; these are further explored in the body of the thesis. Interpretative Phenomenological Analysis [IPA] is a qualitative research method using semi-structured interviews which was developed in the 1990s. It both describes and interprets the lived experiences of the research participants. It aims to embed the reflexive researcher in the meaning making of the data.

Semi-structured interviews are most frequently used in qualitative research. They have a general schedule of questions for consistency but they are usually open-ended and not rigidly adhered to.

Lived experience refers to the individual’s representation of their experiences. The term is used in qualitative and phenomenological research.

Reflexivity is the requirement that qualitative researchers are aware of their own reactions and preconceptions before, during and after doing the research interviews and the transcript analyses.

Meaning making is how individuals construe and understand their experiences. In IPA, it also refers to the meaning of the data which is co-constructed between participant and researcher and the researcher’s understanding of the data.

Existential import is another term drawn from philosophy which connects importance with evidence. It can also mean what actually most matters to an individual about particular experiences, and this is how the term is used here.

Triangulation in this context is both that human development requires a third perspective and other's views are included in the data analysis to give more robust findings.

Hermeneutic circle and double hermeneutic are terms which can be used interchangeably in qualitative research to refer to the activity of the researcher making sense of the sense made by the participants of their experience. More generally the hermeneutic circle can refer to any human relationship or activity in which the whole is in the part and the part is in the whole and both are needed. For example, the relationship between a mother and baby; emotionally the mother can be said to be part of the baby and vice versa, in both the baby's and mother's experiences.

Codes

Each dyad of observer and observed is numbered. Observer is O and observed D. For example, observed mother 5 is D5. B is the baby.

Lines are as in the transcript. Extracts from my reflexive notes made as transcriptions progressed are noted as “opp” – i.e. opposite the relevant lines. Other extracts are from my research diary.

Pauses are noted in brackets. 2 secs is two seconds. Pauses for less than two seconds are noted by using an ellipsis- ...

Quotations

Quotations from literature follow the APA Publication Manual, 6th Edition. Thus “Freud, S., 1959.” refers to the date of the publication the reference is contained in. The reference list at the end of each Chapter contains the date of the original publication.

Quotations from the transcripts are shown as below.

“It doesn't matter how clever that you think you are”

Quotations from my reflexive notes and research diary are shown as below.

“It seemed when I was doing the interview that she had found the busy-ness of the family quite difficult. But I did think she felt very warm towards them.”

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I much appreciate the generosity of the observed participants and their observers who were open and helpful, and gave their time. I also much appreciate the enormous help I have had from my two supervisors, Dr James and Dr Lewis all through my research journey, and the help of Professor Robinson with his comments on the draft thesis and Dr. Chris Brogan for advice on Winnicott.

Chapter 1- Introduction

The aim of the research is to examine the experience of being observed when the observer is training to be a psychotherapist, comes weekly for the first year and does not behave like any other visitor. Examining this involves looking at infant observation, observation generally, and particular psychoanalytic concepts. The methodology is qualitative, using Interpretative Phenomenological Analysis (IPA) and evidence comes from the in-depth analysis of the transcripts of the research interviews. This thesis in part describes a research journey, and the chapters roughly correspond to the stages of development of the researcher. I began with what is known and written, and then explored how the question could be researched. Trying to research it, I discovered that integrating the psychoanalytic method and model with a qualitative research method presented some challenges. I looked at other research where the two ways of thinking and being had been used together. This offered some tools to get to another layer of possible understanding of how those researchers have made meaning out of their data, and what they have prioritised to extrapolate existential import and draw conclusions. I have also used some methodology similar to what is used in Conversation Analysis (CA). As the transcript analysis progressed, particular psychoanalytic concepts emerged which seemed relevant. The conclusions about the possible effects of being observed in this way have emerged from the data, the embedded reflexivity and the various triangulations. The conclusions for the profession and suggestions for future conduct of infant observations have grown through the process of examining the data and conclusions. I chose to quote the words of observed 5 as part of the title for four main reasons. First, this was a vividly described experience of being a new first-time mother; she explained that although she had a lot of theoretical knowledge and professional experience, it did not prepare her for the difficulties as well as the joys she would encounter. Secondly, this participant felt, and could describe, the ways in which being part of the observation helped her manage difficulties and enjoy being a mother more. Thirdly, what she described as the benefits of being observed in this way resonated with what I was coming to think might be some of the effects I was researching. The other reason is personal; the phrase resonates powerfully with my whole

research experience and studying for this doctorate. My previous experiences and theoretical knowledge did not prepare me for the difficulties and joys I have encountered in learning to research and write a thesis. I could identify with D5's heartfelt and wry tone when she said the phrase; obviously she was referring to a very different endeavour but I felt nevertheless there was a parallel between what she was trying to describe and what I was trying to do.

Infant observation in psychoanalytically informed psychotherapy and counselling trainings.

Esther Bick (1964) began using infant observation for training psychotherapists in 1948, and since then infant observation for training clinicians has been extensively considered and has been researched (for example Beebe 2014, Rustin 1989, Sternberg 2005, Thompson-Salo 2014, and Waddell 2006). Sternberg (2005) in her research thesis argued that the value of infant observation for training is in three main areas; to see and experience normal infantile development; to learn to manage the strong feelings which are evoked in the observation without acting on them; and to be put more in touch with the observer's own infantile experiences. This is because the clinician needs to be able to manage their own and others' primitive feelings and clinical work also needs good knowledge of normal infantile processes as well as possible abnormalities. There has been considerable debate about the value of infant observation in the psychoanalytic field (for example Green 2000, Stern 2000, Wolff, 1996). These controversies discuss whether the observed infant and the infant at the heart of the clinical case are alike enough for processes and interactions which can be seen and extrapolated from in infant observation to offer confirmation of theoretical concepts. There are other views about the main purposes of using infant observation as part of a clinical training and these will be discussed further. However, my research topic does imply a question, particularly when considered in the light of knowledge about therapeutic infant observation. The idea that there would be effects of being subject of such observation and that these could be beneficial has been referred to by many writers. Bick (1964) noted that "Mothers have frequently indicated explicitly or implicitly how much they welcomed the fact of someone coming regularly into

their home with whom they could talk about their baby and its development and their feelings about it" (p558).

These infant observations are now a central part of much psychoanalytic clinical training worldwide. They were not intended to be research into infants and infancy. Nor were they intended to be used for therapeutic purposes; there is a body of knowledge and research in Parent-Infant Psychotherapy, in which observation is used as part of a therapeutic process (Briggs and Behringer 2012, Houzel 1999 and Joyce, Baradon, and Broughton 2005), but these observations are not for that purpose and are distinct from the use of infant observation as a training tool for clinicians. Winnicott (1931, 1946) described the therapeutic process he used through observing infants in his clinic. Winnicott also (1965a) described how he used observation of infants brought to his paediatric clinic to both assess and treat them. He asserted that a small amount of attention and interaction could have very powerful effects on the baby and on the mother-and-baby unit.

The Observer or Hawthorne effect describes the way in which participants alter their behaviour as the result of being observed. Mayo (1933) said that this is due to the positive feelings evoked by the experience of having another interested person observing. Related to this is the 'demand effect': participants may adopt the observer's goals as their own. The previous question leads to other questions in the light of this knowledge. This implies that the process of being observed could affect what happened between the mother and the infant by altering their behaviour. It also implies that any effects which are extrapolated from the data could be related to the participants' possible desire to please the researcher, and that presence of an observer might make an observed mother self-conscious or fear being negatively judged. These questions will be discussed in later Chapters using examples from the transcripts.

The process described by Bick (1964) of conducting these observations is that the student meets the family, preferably before the birth, and arranges to visit for an hour a week to observe the infant. The observations are written up by the student afterwards and include their own reflections and feelings as well as what they were able to observe; the observer's reactions and experiences are also considered as a valid part of

the understanding. Bick said that the observer should be “a privileged and therefore grateful participant observer” who allows the mother “to fit him into the household in her own way” (p558). However, the observer needs to find a position, “as in the basic method of psychoanalysis”, which does not “distort” (p558) what happens in the family. The observations are discussed in a weekly group seminar, with a seminar leader, where both the developmental and psychodynamic aspects of what occurs are discussed. The students are given some guidance about what to say to the family and what to look for generally- i.e. an “ordinary” family. They are told to try to observe the infant and the family interaction without offering advice or much commentary. The observers tell the family that they will be happy to see whoever is there at the time and leave it to the family to decide this. Sometimes fathers and siblings are present, but in practice the vast majority of observations are carried out with three people present; mother, infant and observer (for example Bekos, 2007). As Ravitz (2013) noted, although there are some variations, both in context and content, there are currently thousands of Bick’s (1964) and similar methods of infant observation practised in many parts of the world.

Context of such observations

In an apparently homogeneous field, there are variations of context which could affect how the observed participants experience the observation and their observer. These centre on whether the observer is in their own therapy or analysis and how often and whether the observation is part of training and, if so, whether the observation is a required part of the training and whether it is assessed. These variations could suggest differing experiences for the observed. If the observers are in therapy or analysis they are usually working with their own internal processes and infantile experiences, having psychoanalytic attention paid to these, and doing psychoanalytic work to understand them. Most adult psychoanalytic and psychodynamic psychotherapy trainings in the UK require an infant observation. The Institute of Psychoanalysis for example requires a one-year observation, which has to be successfully completed before the observer can proceed to see their training cases, and the opinion of the tutor is central in the making of that decision. (Kohon, personal communication 17th March

2015). This is a common model, the observation and how the observers conduct themselves is part of the ongoing assessment as to their readiness and suitability to progress in the training. The great majority of adult observers will be in concurrent personal therapy or analysis, but at varying intensities; the minimum requirements range from one to five times a week according to the training, but observers often have more than the minimum. If they were having more than the minimum this would not necessarily be known by the tutor. For child psychotherapists, a two-year infant and young child observation is required and this is a pre-clinical course normally undertaken before the observer has their personal therapy or analysis.

In Belgium, Watillon-Naveau's (2008) work gives an account of her visits to observed families where the observers were qualified psychoanalysts who chose to do an infant observation. As in my case, she was also the infant observation tutor who had supervised these observations. In the infant observation programme from the Anni Bergman Parent-Infant Training Program based in New York State US, all observers are in personal analysis (four or five times per week) and do a yearlong observation. (Ravitz, 2013)

Content of such observations

As noted by Litvan (2007), recent work in infant research (Beebe, 2014; Stern, 1998; Trevarthen, 1974, 2012; Tronick, 1989) "has radically changed our views on the initial stages of an infant's life" (p. 718) and indicates how much an infant may take in from the experience of being observed, especially by someone they see every week in their familiar home setting. Understanding more about early infantile development, and how much the infant takes in through the eyes of others which contributes to their development suggests that it is likely that the infant would have a reaction to being observed, even for such a small part of their everyday lives. This understanding can affect how the observation is conducted. Thomson- Salo's (2014) model is based on the Bick (1964) model, but is described as having developed a more interactive perspective. She noted that the observer and the observed have to be free to find a position which is comfortable for the mother, observer and the baby. She said that the infant also has an experience of the observer and a relationship with them, and that to spurn an

infant's gesture of contact is inappropriate and potentially disruptive (Thomson- Salo, personal communication, 20th June 2014).

These are congruent with Bick's original ideas; for example, she stated that the observer position "would not exclude him [the observer] being helpful.... by holding the baby, or bringing it an occasional gift" (Bick 1964 p. 558). By contrast, W. Freud (1975) set out a model of infant observation in which the specifics of the way those observations are conducted are related to the clinical skills which the trainers wish the observer to acquire and practise; in particular only following up what the mother introduces, and looking in the seminars specifically at the defence structures in the infant's development demonstrated in the observations.

The psychoanalytic model, including explanation of relevant theory.

This section gives brief and simplified explanations of the psychoanalytic terms which are central to what follows in the exploration of the data and the meanings suggested by it. The conscious part of the mind is where thinking occurs and experiences are thought about. Feelings are part of the conscious experience but what evokes them is often unconscious. The concept of the unconscious, that there is a part of the mind which is unknown and which contains all the most primitive impulses and wishes, and early formative experiences, can be thought of as being underneath and underpinning the experience of being a person and having a self. The effects of the unconscious are generally only known by the resulting effects on feelings, behaviour, and impact on others. The unconscious is formed by the individual mixture of character and constitution, and the impact of the environment and early important figures. The degree to which infants have unconscious processes and how this may be observed is a matter of theoretical debate in psychoanalytic thinking.

Primitive anxieties and conflicts are largely contained within the unconscious, and these can be experienced as threats by the self. Thus, defences against the emergence of these often are instigated by the self as a protection (S. Freud 1959a). As noted by Hollway and Jefferson (2000), research subjects often do not wish to give or even cannot give an accurate account of their motivations and experiences. One reason for this could be

that they have defences against knowing and experiencing something which is difficult or painful, and/or which causes them some conflict. By definition this will be unknown, at least to some degree, by the participant, and can only be surmised by the researcher, using their reflexivity and countertransference experiences as well as their observations of unconscious signs such as patterns of speech and significant moments or objects.

Researcher reflexivity is a requirement of all qualitative research, and is an essential part of the data analysis (e.g. Langdridge 2007). It requires the researcher to have self-awareness and insight into their own preconceptions and prejudices, and to take these into account at every level of the data analysis. Psychoanalysis however posits that by the very existence of the unconscious, such reflexivity can at best be only a partial illumination and could be misleading. Other psychoanalytic concepts are needed to offer possible confirmation or otherwise of what the researcher's reflexivity has suggested. In particular these are transference and countertransference.

Transference is the unconscious process of transferring feelings and expectations from one situation to another. Usually it is an unconscious representation of the experience of figures from early life which is transferred to figures in the present. These expectations are what are liable to be transferred, as well as the individual's own internal processes wherein the individual experiences the transference figure as being actually an aspect of how they themselves are. This is unknown to and disavowed by the individual, and links with the concepts of projection and projective identification, discussed below. S. Freud (1959c) said that transference was a general phenomenon and that everyone has acquired patterns in early life of how they expect relationships and experiences to be. Countertransference includes the recipient's response to the feelings and expectations transferred to them and examining this has become a central tool in psychoanalytic work. Once the clinician has had sufficient personal work to be able to distinguish between their own transferences and what may be indicative of the patient's transferences it can be used to both understand the patient's predicament and to indicate helpful areas of interpretation (e.g. Joseph, 1985; Oelsner, 2013, and Spillius, 2007).

In the consideration of the effects of being observed in infant observation, another concept, narcissism, could appear to have little relevance. I have paid attention to it because the work on the transcripts of the interviews made me reconsider the concept to think about whether the vital nature of the mother's healthy investment in her infant and her mothering abilities might be affected by being observed. I have used the term "healthy narcissism" to explore this. There are popular articles looking at healthy narcissism. At its simplest, narcissism is "any form of self-love" (Rycroft 1968 p94); this is descriptive rather than judgemental. However, the term "narcissism" is used judgementally in current everyday life and in what has been called the "new culture of narcissism" (Manne, 2014). It is possible for instance to take a test on line to establish whether one has healthy or pathological narcissism.

As noted by Symington (1993), the subject of narcissism has also been much written about in psychoanalytic work. S. Freud (1959b) delineated aspects of narcissism. He stated that primary or infantile narcissism is the stage in early infancy before the infant has the capacity to recognise another and thus is inwardly focused. Although not using the word "healthy" for this stage, he considered it normal; it "precedes loving others" (Rycroft 1968 p94). Secondary narcissism he said was regressive and narcissistic object relations were where the object or other could only be loved where it resembled the person's own ego. Klein (1980) did not agree; she considered that there was no primary narcissism; she understood infants as always having the capacity for rudimentary object relations. Winnicott (1958a, p. 262) stated that "the Depressive Position is a normal stage in the development of healthy infants (and so also is absolute dependence, or primary narcissism, a normal stage of the healthy infant at or near the start)". He described primary narcissism as being the infant's necessary illusion of omnipotent control over their environment, seeing it more as a relational issue than a purely internal one. He described how in primary narcissism, although the environment is in effect holding the infant, the infant does not know that there is an environment and experiences him/herself as together with it.

Federn (1952) wrote about healthy narcissism and contrasted it with pathological narcissism, saying it is "the normal essential means for

establishing the living psychic coherence of the ego” (p326). Kohut (1966) wrote about the child’s normal sense of narcissistic entitlement; if the normal narcissistic needs are sufficiently met, he asserted, the individual would be able to develop mature self-esteem and self-confidence. Kernberg (1975) described three types of narcissism- normal adult, normal infantile and pathological. Knox (2003) asserted that unconscious fantasies could be created to protect the development of healthy narcissism. Likierman (1988) wrote about the essential requirement for the mother to have positive projections into her infant; Kohut (1966) stressed the need for healthy narcissism to be accepted and recognised in clinical work. Kohut (1972) asserted that the mother’s empathic resonance was essential to the child’s ability to develop a secure foundation, and that this included her ability to be delighted at the child’s achievements and at her own ability to be a good mother.

There are theorists who disagree that narcissism is a universal stage of development (e.g. Tustin 1994). They have argued that that it is a reaction; a defence against traumatic separation from the maternal object. There are theorists who disagree with the concept of healthy narcissism, e.g. Symington (1993) challenged the idea of healthy narcissism and suggested three distinct roots of narcissism arising from deficit, grandiosity and fundamental insecurity. He stated that narcissism is when “the ego takes itself as the erotic object”. (p29) The healthy alternative, he argued, is a choice to cathect the “lifegiver” (p3, p39). Steiner, (2006, 2015) linked gaze with narcissistic humiliation, and suggested that being seen and being looked at will intensify a narcissistic defence. Steiner (2006) also noted there is a pleasure in being seen and appreciated (p. 939). Symington (1993) made a distinction between positive narcissism and something more like self-esteem.

Another psychoanalytic concept which has emerged as having possible relevance is projective identification. Projective identification was fully described by M. Klein (1952), and was expanded by for example Bion, (1959), Ogden (1979) and Joseph (1988). Klein described an unconscious mechanism whereby what cannot be managed in the self comes to be experienced by the self as being in another. This has a relieving effect; however, the relief is temporary and the projector remains attached to the

other because in the unconscious the other has a part of them. Furthermore, in the mind of the projector, the other is then suffused with the quality of what has been put into them. According to Spillius, (2007) “both good and bad aspects of the self are projected into the object, and that identification by both projection and introjection is essential in analysis and in all relationships” (p. 111).

The expansion of the concept relates to the experience of being the recipient of these powerful unconscious communications; the recipient often identifies with that which has been projected into them. This is described by Buckingham (2012) as becoming the “Projected-into-Object” (p. 6), and the experience can enable the recipient to understand something about what the projector is communicating. Bion (1959) extended the concept to encompass not only the intra-psychic process of the infant but also a dynamic, interpersonal and inter-psychic process in which both infant and mother participate in the earliest form of communication. Therefore, projective identification can be understood to be a primitive activity to deal with a threat, either to the self from bad and painful things, or to the good and nurturing experiences which might be attacked by bad feelings. It can also be understood as a communication at a deep level and being the essential component of the contact between infants and their carers, and what enables the carers to understand them. Winnicott’s (1965a) description of projective identification where the mother imaginatively identifies with the infant before birth and through this comes to know what her baby feels and needs could be seen as part of this. However, he did not describe it as part of a communication system between mother and infant but as a process in the mother (1958a).

This idea of a process in the mother links to other relevant psychoanalytic concepts - holding and containment. I have connected these in the light of the examination of the research data; although they are not synonymous, they offer different lenses through which to view the internal activity of a mother in relation to her infant and I suggest have relevance to the experience of being observed. As described by Winnicott, (1965a), holding is a position; a way of being in which the infant is allowed to grow and develop. It is a complex process involving bodily protection, the whole routine

of daily care, taking account of the infant's bodily and emotional sensitivities and following "the minute day-to-day changes belonging to the infant's growth and development, both physical and psychological" (p. 162). The mother enables the child in this way to have a sense of time and what Winnicott (1958 b) termed "going on being" (p303). Further examination of Winnicott's relevant works is in the next Chapter.

Containment, according to Hinshelwood (1989), is "a decisive concept for most British forms of analytic psychotherapy... in which one person in some sense contains a part of another. This has given rise to a theory of development based on the emotional contact of infant with mother" (p. 224). As described by Bion, (1962) containment is a process; the verb "containing" has telicity - indicating that it has a sense of time and completeness within it. The dynamic exchange between the container and the contained is the site of the infant's development of a thinking function. The container takes in the indigestible feelings and anxieties and metabolises them so that the infant can receive them back in a manageable form and in a timely fashion.

It is of note that although Bion did not refer to Winnicott's work "except for some dismissive references" (Caldwell 2018, p222), Winnicott cited Bion frequently. As noted by Caldwell (2018) "they often confront similar themes". This suggests that holding and containment are not mutually exclusive activities; they each offer a perspective (Caldwell and Joyce 2011, Ogden, 2004). Winnicott (1958b) emphasised the 'unit status' of the mother and infant together and that the mother's way of being is what is central to the infant's development. Bion (1962) emphasised the mother's work in transforming the infant's unprocessed experiences into something which can be thought and thus made safer. Both theories agree on the vital nature of what the mother does with the infant's projected experiences, and how where there are failures in either process this can have powerful negative effects for the infant. They also note how what is required from the mother to facilitate these processes changes as the infant develops. This has particular relevance to this research; the infants being observed were in different stages of development in the examples, and the activities of doing and being for both holding and containment would differ according at least in part to the stage the infant had

reached. However, although the form of the process would be likely to be different, the processes themselves would continue.

Interpretation in psychoanalytic work aims to make the unconscious conflict conscious, on the premise that the symptoms will be able to be resolved and the patient can recover (D'Abreu 2006, S. Freud 1959a). The method has been expanded to include the understanding that to receive and contain powerful feelings may also be a helpful experience for the other. The therapeutic task therefore can be said to require not only holding and containing the feelings but understanding and metabolising them so that they can be made available for the patient to use developmentally (S. Freud, 1959a, Meltzer, 1967). In psychoanalytic theory both containment and holding are usually thought to follow some form of projective identification. The infant cannot process his/her own emotions and experiences and can only communicate them by projecting them into the mother. The mother's task is to receive the communication through the reverberations of her own emotional states and to try to bear the feelings and mediate them for the infant. If it goes well, the infant gradually learns that his/her feelings are both comprehensible and not overwhelmingly frightening. If it goes badly the infant is likely to experience their own emotions as dangerous and ungovernable, and the mother may be experienced then as frightening because in the mind of the infant she is the originator of the feeling which the infant experienced as painful. It is possible for the infant to experience being in the mind of the mother, but not safely held there; the infant feels that the mother cannot manage his/her states of mind. The converse is also possible; that the being held is accomplished but without a full sense of connection- not feeling that they are in the mind (McGregor Hepburn, 1992). Winnicott's use of paradox as a central part of the process of development also has relevance. He thought that the infant in some way has to create their world, which of course already exists. It can be argued that there are many paradoxes at the heart of this research endeavour, in infant observation and perhaps in qualitative research generally. The paradox of development Winnicott described, in which something can be seen as a 'truth' when it is intersubjective, co constructed and at the same time apparently in contradiction with another kind

of 'truth' I suggest illustrates the mindset required to examine the data and its conclusions.

Conclusions.

The first chapter is to set the scene of this research and to describe this kind of infant observation, its derivations and its practice. The reasons for using it as part of training have been expounded and researched, although the effect of being observed has had much less attention. To examine the question behind the research - whether being observed in this way has effects -, as well as to consider the research question, requires some theoretical framework as well as a robust research methodology. The theoretical constructs used as discussion points throughout the thesis are psychoanalytic. This chapter therefore also delineates some of these relevant theories. However, "it doesn't matter how clever you think you are" also applies to the use of theory. Theory can only offer pointers. The endeavour in this kind of infant observation is to see what there is to see, not to see what might fit into a particular theory. This is mirrored in the endeavour of this research, to see what there is to see and learn what there is to learn, not to fit things into my way of seeing or to confirm what I already think I know. Thus, the psychoanalytic concepts above are the ones I have come to think are needed to understand that data and the material. They are not necessarily the ones I expected.

"It doesn't matter how clever you think you are" also applies to professional processes and beliefs. In setting up these observations, trainers since Bick (1964) have thought that the way they are set up and conducted is helpful and necessary. However, as it has been little researched, there may be effects of being observed which require some different thinking and methodology in the conduct of the observations which the profession was not in a position to know. What follows is the account of my research journey. "It doesn't matter how clever" I thought I was, as will become clear, I have learned a tremendous amount. Like for the infant, mother and observer psychotherapist, everything was new and had to be learned.

The research question- what are the effects of being observed in this particular context- has a question preceding it- are there effects- and one

following it- if so, what might these be. The aim of the research is to answer these questions, showing robust evidence for the answers. Following this, the aim of the research is to use the evidence both to further what is known in this area and to apply it to thinking about how such observations are set up and conducted. There could also be evidence which allows further exploration of particular psychoanalytic concepts. Finally, another aim of the research is to find a methodology which can combine a psychoanalytic understanding and approach with qualitative research methodology which honours and utilises the strengths of both, and to find ways of extending the methodology where required.

Chapter 2. Literature Overview

Introduction

There is little literature about the effect of being observed in infant observations which are part of psychotherapy trainings. There is significant literature about the process and experience of carrying out infant observation for psychotherapy trainings. There is a Journal of Infant Observation; in the seven years to 2015, there were 75 papers which included descriptions of individual observations. (For analysis of these and the main citations see appendix 2). These were all single case studies. There is a very large and increasing body of literature on the use of Interpretative Phenomenological Analysis (IPA) in qualitative research, and an enormous body of literature in the area of psychoanalytic theory and practice. At the beginning of this journey I did not have a particular view of which psychoanalytic theorists might best relate to the material I found and what I might understand about the effects of being observed in this way, after the examination of the data. The work of D.W. Winnicott emerged as offering the most useful uniting and illuminating theories and this is confirmed in the Journal of Infant Observation, as above, (see appendix 2) in which Winnicott was more frequently cited with 73 citations. Klein had 51 citations, Bion 50 and Freud 32. There is a specific section on Winnicott's work later in this chapter.

The literature review has followed the RAMESES protocol (Greenhalgh, Wong and Westhorp 2011), which identifies the essentials in a systematic literature review. These are- 1) identifying seminal papers with the help of supervisors, colleagues and assessors; 2) pursuing references and citations; and 3) database search (including 'grey' literature such as PhD theses and unpublished reports). Key texts are in Table A at the end of this chapter (p. 47) Other texts are in Appendix 1. I have also met with senior colleagues and other researchers in the field (see appendix 8).

Observation in a wider context

The concept of observation as a tool of learning is ancient. Mead (1917) made the point that it is through observation that new discoveries can be made; that the observer needs a theory but also the capacity to rethink and develop the theory in the light of whatever evidence the observation indicates. However, observation without understanding the impact of the observer on that which is observed is recognised as not being fully able to offer reliable and robust conclusions. Wachtel (2008) said that “relational writers have asked probing questions about how we observe and get to know another person and have redirected psychoanalytic inquiry towards the actual experiences with other people that create the foundations of personality development and constitute the texture of human life” (p. vii). He said “the impact of the observer is so pervasive, continuous and inevitable- so intrinsic a part of the field of observation- that to attempt to eliminate that impact is not only to engage in self- deception but actually to generate a *less* reliable picture.” (p. 17) He argued that “we cannot observe the reality of another person’s psychological structures in an “objective” fashion that is divorced from the relational context within which we gain access to them. Moreover, this is not just a matter of observer bias or incorrect *interpretation* of the observations. It is more intrinsic than that. What actually changes *is* a function of the particular observer and his or her behaviour and characteristics” (p. 23).

In infant observation, the observer hopes to be able to see some of the processes between mother and infant, and of the infant’s development, in action. The work in the wider field of human sciences about the impact of the observer indicates that it is likely that the process of being observed will also have some impact on the developing and fluid relationship between mother and child, and the child’s developing sense of identity. How identity is developed is discussed by many theorists. Winnicott (1989a) described how the way adult cares for the infant affects the development of the infant’s sense of self and identity. J. Klein (1987), Alvarez (1992), Shuttleworth (1989), Watillon-Naveau (2013) and many other theorists have asserted that the development of the infant is centrally affected by their context and the responses of others particularly their caregivers. By apparent contrast M. Klein’s (1952) view is that of the infant “conceptualises everything in terms of

objects in relation to his body, its parts and their sensations and direct satisfactions” (Spillius, Milton, Garvey, Couve and Steiner, 2011 p. 365). This suggests that in the Kleinian understanding it is the internal world of the infant which is more decisive than the environment in the development of identity.

However, as noted by Spillius et al (2011, p. 365), Klein also “paid attention to the environment of the mother and the mother’s state of mind”. Winnicott (1971) said “The mother gazes at the baby in her arms, and the baby gazes at his mother’s face and finds himself therein...provided that the mother is really looking at the unique, small, helpless being and not projecting her own expectations, fears, and plans for the child. In that case, the child would find not himself in his mother’s face, but rather the mother’s own projections. This child would remain without a mirror, and for the rest of his life would be seeking this mirror in vain”. (p303). This describes both the importance of the gaze- what is communicated through the eyes- and the vital nature of this process in the development of the infant’s identity. Whatever the view of the balance of internal and external factors in the development of identity, there is agreement on the importance of the environment in which the responses of those around the infant may be decisive.

As noted by Wright (2009) gaze is central to the growth of self in infancy; it is through the mother’s eyes and what the infant sees there that the infant and the mother receive emotional feedback and infants come to know themselves to be what they see reflected in their mothers’ eyes. This important communication through looking, as well of course as the infant’s experiences of the mother’s body and way of being, is a vital part of the infant’s development. Although the quality and content of the observer’s gaze is much different from the gaze between mother and infant, it is possible that the concentrated benign and neutral gaze of the observer may have some impact on the mother and her infant. Although many people may meet and know the infant more often and more regularly than the observer and have a much closer connection with him/her, it is possible to argue that the particular activity of these infant observations would bring different dynamics and could offer another perspective. Also, what the observer in therapy/analysis communicates through looking, although unspoken and often unconscious, arguably would be different from another observer.

Psychoanalytic research and observation.

Midgley (2006), in examining the links and contradictions between psychoanalytic thinking and qualitative research, said that how to produce usable and credible research is a central question in the human sciences. It can be argued that over-attention to the researcher's own reactions could produce results that reflect the researcher and not the subject. He stated that the "selected fact" in the research - what is followed up or noted - has to be in response to and in dialogue with the participant's material. He argued that anxiety is inevitably evoked in any study of human beings; attempts at being objective are defences against this.

In infant observation, the observers have to make themselves available to being in close contact with the infant's and mother's states of mind if they are to have a chance of accessing some emotional experience of the situation. Similarly, researchers have to be more than reflexive; they have to be able to be stirred up by the interviews and also able to think. This leads to a serious research methodological and ethical question- how researchers can be sufficiently in touch with their own biases and unconscious issues to enable them to have as clear a view of the data as possible. Psychoanalytic thinking aims to avoid binary conflicts; the hope is that holding that things can be internal and external, biased and unbiased, objective and subjective enables mobility of thinking and use of the contradictions to facilitate further understanding. The literature search and review therefore has to hold a position of critical assessment. The writers, whether or not they take a polemical position, have a view on their subject which may be in contradiction with others. What views may seem relevant or particularly apposite to this research are screened through the researcher's experiences. The challenge is to reach usable conclusions whilst inhabiting a space between polarities. This is the aim of the psychoanalytic method, but also, I suggest is a central part of healthy development. Binary conflicts in a psychoanalytic understanding are related to the defence of splitting, which is against integration and can be anti-developmental (A. Freud 1936). Thus, creative engagement with the literature requires integrating other positions where the

different perspectives can produce new questions which can offer new learning.

Anna Freud's theories (1989) were based on close observation of children as well as her clinical experiences. She started from the infant and what is a normal developmental line. She thought that children do have an innate urge to complete their developmental process, but that they have to struggle for this as it involves giving up early satisfactions and facing "unpalatable reality" (p. 27). She noted that a child's outside world and their individual contexts as well as their internal worlds, and how the two are in harmony or otherwise, were influential in their behaviour. She asserted that what moves something into pathology is as much quantitative as qualitative. Winnicott noted, according to Davis and Wallbridge (1981) that most of psychoanalytic theory was "founded on experience seen backwards through the analysis of adults" (p. 14), and that this was often not congruent with what he observed in his work as a paediatrician and how he understood mothers and infants. In this kind of infant observation, primitive processes in the infant, and between the infant and the mother, often can be readily observed (see Miller, M. E. Rustin, M. J. Rustin and Shuttleworth 2002). The danger in this is that they can come to be viewed through a lens of pathology and the knowledge that these are normal developments can be lost. Observing these processes in action does not mean that they are pathological.

Many writers refer to the very strong primitive feelings which are natural and inevitable parts of infancy and infant care and are thus present in the infant observation. M.E. Rustin (1989) stated that infant observation "provides the observer with an opportunity to encounter primitive emotional states in the infant and his family, and indeed in the observer's own response to this turbulent environment" (p. 7). Covington (1991) suggested that "the chief value of infant observation lies in its impact on the observer- and, specifically, the impact of seeing as an act in itself" (p. 64) Sternberg (2005) concluded that it is very helpful to observers' development.

This intersubjective experience of the observed and the observer in this type of infant observation makes the role of the observer a particularly sensitive one. As noted by Thomson-Salo (2014) "an observer tries to find a space, physically and emotionally, from which to see the baby, a

psychological position from which to observe whatever there is to be observed at the time of the visit, being as non-intrusive as possible whilst remaining emotionally engaged at a deep level, open to distress and pain” (p. 6). She said that the observer position in this context cannot therefore be a fixed one but must be flexible enough to take the lead from the family whilst maintaining a sufficiently firm frame.

Previous theory and research into effects. (Table 1)

There are many papers which are a mixture of description and explanatory theory. Harris (2011) suggested that the observer’s interest in the infant’s development encourages the mother’s interest and helps her value her ability to understand her baby. Diem-Wille (1997) and Raphael-Leff (2001) wrote about the mother in some way using the observer as a supportive and benign person, and this being beneficial to her. M.E. Rustin (1989), Shuttleworth (1989) and Crick (1997) all discussed the possibility that the observer offers some kind of containment for the mother. Bodin (1997) thought that this containment was of therapeutic benefit; she suggested that it helps the mother to keep a more open mind towards her infant. Coulter (1991) stated that the relationship of the mother to her observer includes transferences, and if these are of a positive kind, they will reinforce the mother’s positive feelings about herself in relation to her infant.

Rosenthal’s (2006) account of a one-year observation describes that she felt that there was a problematic relationship between the mother and the baby which was affecting the baby’s responses. In the course of the observation she came to recognise the development of the mother-infant relationship and she thought that her reliable presence had been important to the mother. Although Rosenthal did not make an explicit link in the paper that the development of the mother-baby relationship and the development of her relationship with the mother were parallel, it is possible to draw this hypothesis out of the material. She thought that as the mother was able to experience some recognition from the observer and recognise the importance of the visits to her, she was able to make more emotional space to recognise her baby and their importance to each other.

In Henry's (2007) account of a two-year observation she surmised that there is a vital sequence - the observer relates to the infant as a subject, and they begin an exploration of not knowing. The infant makes a link with the observer; the infant offers the observer an experience and a relationship. She noted that the infant desires to make a relationship and use it as a developmental object. She concluded that this experience was an important one for the baby as well as for the mother and the observer. This is a claim made for infant observation in many accounts. Thomson- Salo (2014) said "Observers usually come to feel that they have a complex relationship with the infant in which both are changed... Observers often come to feel that the infant knows the observer's mind is different from the mother's mind" (p. 286). Using evidence from neuroscience and developmental research, she noted that there are physiological effects of being observed by another, and that this would be registered by the infant via their motor neurons (Cacioppo, Rouke, Marshall-Goodell, Tassinary and Baron 1990). She stated that "Infants often seem to use their observer for *containment*" (p. 287).

There are four studies using more than one participant. One of these, Watillon-Naveau's (2008) was not concerned with observations used as part of a clinical training- the observers were already qualified psychoanalysts- and she did not apply any particular research methodology to the results. However, as she interviewed over one hundred observed participants this is a very large sample size so I have included her thoughts and conclusions. She only found two cases where the observed had described a difficult or unsatisfactory experience (personal communication 21st February 2015). She thought that some mothers may have an unspoken idea that they need extra help, but generally they volunteered in order to help someone. She noted that in most cases the parents spoke very highly of the observer, and their good relationship. She hypothesised that this positivity is related to the mother's making an unconscious link between her baby and the observer. She thought there was a parallel between the mother having to get to know her new baby and having to get to know the observer and although this can make it difficult for mothers to end the observation it gives the mother an interest in the observer's development and training. Nearly all of the observed expressed a wish to see the observer again, although this wish lessened with time. She

thought that parents communicated that they were contained by the observer's presence and their stance. She also noted that it was difficult for the parents to express dissatisfaction, although some did emerge if the observer was seen as too distant or cold. Parents began to observe the baby as the observer did, and would often place themselves next to the observer to look at the baby. They were upset if the observer did not respond to the baby's overtures.

Diem-Wille did research visiting the families two years after the two-year observations by trainee child psychotherapists had finished. She saw four children and looked at whether what the observers had thought about the infants' development and core personality traits was borne out by how they were aged four. She did not specifically consider if the fact of being observed had had any effects on these children or their carers.

Bekos (2007) undertook research using Grounded Theory with three mothers who had been observed by trainee adult psychoanalysts. She noted that there is little empirical research in this area, and set out her understanding that a relationship inevitably develops between the mother and the observer, and this is rarely specifically remarked on. She found that the families experienced the observer as a supportive presence, although the idea of them as an expert and possibly judgemental was also an underlying theme. As the relationship developed, the observer's unobtrusive presence allayed these anxieties. All the mothers liked the chance to talk about their baby's development, and their own experiences of parenting. They used the observer as a support and part of the routine of ongoing family life. Overall the families felt that it was a helpful experience. Bekos (2014) thought that the observation experience could facilitate the mother creating mental space for the baby. It also changed the mothers' perceptions of watching the baby, spending time and showing affection. The mothers felt that it also encouraged them to observe the minutiae of the baby's activity and to realise that they are significant.

However, she noted that the ending was a difficult experience for the mothers. They all wanted contact with the observer after the observation was finished and were curious about the outcome of the observations. She thought that the mothers were more deeply attached to their observer than they

consciously realised, and they wanted to know if the observers still had them in mind. Bekos concluded (2014) that “Infant observation and the mother’s relationship with the observer clearly mobilise certain processes and feelings resembling the intimacy of both the mother-infant relationship, and the patient-psychotherapist relationship. This presents several issues for the practice of infant observation as mothers are not patients, and their feelings which arise as a consequence of the observation and specific relationship to the observer are left for them to work through.” (p. 159).

Ravitz (2013) analysed written accounts using computerised linguistic measures of Referential Activity (WRAD) and Reflection (REF). There were seven accounts each of infant observations by 21 observers who were doing a yearlong infant observation as part of their psychoanalytic training and Ravitz specifically looked at the relationships involved. He concluded that the mothers and the observers go through a parallel process and that the analysis showed a high correlation between the two. In examining the dyads, he also saw a clear pattern between the two relationships – mother-infant and mother-observer; he asserted that the observer’s emotional reactions will mirror the emotional reactions of the mother to her infant. He said that the parallel processes and similar internal experiences of “two caregivers in two developing relationships” (p. iv) give a more rounded and in-depth understanding of the containing process which he asserted is a central part of the observation experience.

Noting that feelings from the observer will be communicated nonverbally, (see also M.J. Rustin, 2007), he stated that what happens in the observation seminars reflects the dynamics in the observed participants. If it can be helpfully processed this can be taken back into the family and can benefit them in their development together; the observer functions at this level as a container. He noted that it might happen that in receiving some of the powerful projections inherent in the life and context of infants the observer might at times over-identify with the infant, but he thought that overwhelmingly “the mothers expressed- explicitly and implicitly- that the experience of being observed was important for them” (Ravitz, 2013, pp. 98-99). His final conclusion was that being observed in this way had “therapeutically contributed to the emotional growth” of the mother and that thanks to the

observation the mothers appeared to recognise the significance of the mother to the infant's developing mind. (p. 100).

This is an interesting study for this research in that Ravitz (2103) used the dyad of the mother and their observer, as I have. However, although the processes he described may be recognisable, the knowledge that such processes are a normal part of development is in danger of being lost, and the possible value of being subject of an observation could implicitly be overstated in this work. His conclusions are drawn from the written accounts of the observers, so they are extrapolated through the lenses of trainees who are also learning about pathological processes in adults.

The work of D.W. Winnicott

Winnicott's ideas emerged as pertinent to my thinking as the analysis of the transcripts proceeded. However, condensing Winnicott's theories and understanding into one's own words is difficult. Winnicott left a huge body of writing wherein his concepts were expounded, expanded and re-referred to; thus, the references used are examples of only some of his ideas. His writing was lyrical, often poetic and deceptively simple. He had a way of holding seemingly paradoxical ideas in a kind of liminal space which has resonance when thinking about the mother and baby pair where what belongs to them individually may not be discernible, and what happens between them has a liminal quality. Winnicott (1965b) said that, in order not to distort the infant's developmental process, there are requirements of the environment, usually enacted and personified by the mother, which have to be met, and that these change according to the infant's stage of development as well as their immediate situation.

Absolute dependence

This usually lasts up to the first six months of life and during it "the infant has no means of knowing about the maternal care" (Winnicott, 1965a, p. 46) as they are not yet able to have a sense of themselves as individual. A good environment is what the infant takes for granted (Winnicott, 1965b). With "good enough mothering" (Winnicott, 1965c, p. 9), the infant can develop

through the phases of dependence towards independence. Good enough mothering involves the whole way of being the mother has towards her baby. This is not only being attuned to and understanding the infant's needs and communications and meeting his/her gestures but being able to enter what Robinson (2018) described as the "initial area of illusion between mother and baby" (p. 79). The mother "meets the omnipotence of the infant and to some extent makes sense of it. She does this repeatedly" (Winnicott, 1965b, p. 145). In this state, the mother can present "a piece of reality to the infant just as the infant has the illusion that he (or she) created it. This piece of reality is experienced as a subjective object" (Robinson, 2018, p. 79).

"Object" here does not mean an actual thing or person; the object is "that towards which action or desire is directed" (Rycroft, 1968, p. 100). This terminology is used in object relations theory in psychoanalysis which states that humans seek to relate to objects and will move emotionally towards them. It is an internal dynamic; it does not include the relationship with what/whoever personifies that object. Again, this occupies a liminal space: the object is internal. It may appear to exist in some form externally, but this is not the important aspect of it. In early development these objects are both real and external, and experienced by the infant as created by them (Winnicott, 1965a). Within a facilitating environment, "the infant creates and recreates the object" (1965d, p. 180). This process is the root of Winnicott's understanding of primary narcissism (1965a); the infant needs to have the illusion that he/she has created the environment; this omnipotent fantasy needs to be gradually relinquished as the infant develops. The mother's minor failures in adaptation to the infant's needs and desires are part of what enables this gradual relinquishing process, but too much failure of such attunement is a failure of the facilitating environment. In the phase of absolute dependence, the mother is experienced as being two different mothers. These are the one who tends to the infant's needs – called the environment mother by Winnicott - and "the object mother whose task is to receive the full impact of the baby's pre-ruth claims" (Caldwell & Joyce, 2011, p. 18). These are the claims of the infant's demands and ordinary aggressive impulses, without which a lusty connection with the bodily activities of everyday life is impeded. In this early

stage of development, the infant does not have the capacity to integrate the two mothers.

Primary maternal preoccupation and the importance of holding

The mother is enabled to carry out these maternal functions partly by being able to have what Winnicott called primary maternal preoccupation (Winnicott 1958b). He described it as a “special state” which is entered into “towards the end of pregnancy and a few weeks after” (1958b, pp.301-302). The mother needs to be able to become exclusively occupied with her baby and is “given over” to him/her, who “seems like part of herself” (Winnicott, 1965e, p. 85). He said it is a “specialised relationship”, requiring “devotion” (Winnicott, 1965b, p. 148). Winnicott’s concept of holding is also part of the primary maternal preoccupation; it is the total environment specifically provided for the infant which includes all the mother’s activities of care and her internal, intuitive emotional responses to the infant’s needs (1965a). It is a position and a way of being as much as any actions. One of the main ways the mother does this is through her eyes - the way she looks at her baby. The baby needs to see himself/herself reflected there; the mother needs to mirror the infant’s experience of him/herself. As the infant develops and as the phase of absolute dependence recedes, the mother-infant pair can become more differentiated and there is a possibility of the infant being able to experience the mother as separate at least some of the time. This leads to the possibility of the infant experiencing something triangular and then being able to know about the existence of other people as well as the mother. It is often asserted (Clancier & Kalmanovitch, 1987; Davis & Wallbridge, 1987) that Winnicott said that before this development the existence of other people including the father was not apprehended by the infant. Other readings of his work suggest that he saw the father as a possible “co-nurturant” in the first six months of life (Reeves, 2013, p. 358) and then as offering something more triangulated (Reeves, 2013, p. 364). Winnicott also noted that the mother requires some holding herself as she does this for her infant, and that this and providing “protective cover” for the mother-baby pair (Reeves, 2013, p. 361) is part of the father’s role, especially in the first six months.

The facilitating environment

Satisfactory mothering with all it entails is the central part of Winnicott's facilitating environment which is required to enable the infant to grow and develop. He said: "The facilitating environment is itself a complex phenomenon ... the essential feature is that it has a kind of growth of its own, being adapted to the needs of the growing individual" (Winnicott, 2011, pp. 201-202). It must protect the infant against impingements and provide the chance to develop "continuity of being" (1958c, p. 245). The phrase "continuity of being" refers to the individual's intrinsic knowledge that they can survive and go on being. How this is acquired is a mixture of many factors, both internal and external. As noted by Caldwell and Joyce (2011), the facilitating environment is essential for the infant's maturational process and as it proceeds the infant is enabled to see the mother as separate. Winnicott (1965e) said that the facilitating environment allows the infant's ego to come into being and strengthens it so that integration can take place and the infant can achieve a "unit self" (p. 60).

Relative dependence

As the infant emerges from the earliest stage of absolute dependence, the facilitating environment makes it increasingly possible for the infant to meet reality and enter a phase of relative dependence. This involves a further use of subjective objects and transitional objects (Winnicott, 1958c). A transitional object (for example, a soft toy) may have physical existence but the crucial thing is that it is possessed by the infant. It is more than symbolic of the mother and her care. The infant uses it to make the transition from absolute dependence into a state of relative dependence. Winnicott said this happens around six months, and by nine- or ten-months infants can usually go through phases of relating to, using and discarding objects (Winnicott, 1965b). He noted however that these timings are approximate and flexible (Winnicott, 1958c). The subjective object needs to be able to be in some way destroyed and at the same time survive so that it can gradually become an external reality. The transitional object is neither wholly internal nor wholly external and is part of how the "passage from an experientially narcissistic to an object related world" (Robinson, 2018, p. 79) is achieved.

This use and manipulation of subjective and transitional objects is part of the process of integration, and the two mothers experienced by the infant come to be able to be integrated in the infant's mind. Once integration is possible, unintegration and reintegration also become possible (Winnicott, 1965a). This is a developmental achievement; the process of what can be called rupture and repair is vital to developing resilience and identity; if it is pre-empted by the mother, the infant is denied the opportunity for growth. Thus, "minor failures of adaptation" (Winnicott, 1965f, p. 87) are necessary for the development of self, as well as to allow the infant to experience and survive their normal aggression. As noted by Brogan (2018), Winnicott considered that aggression and destruction are "fierce, real and lively" (p. 346); the (fantasised) destruction of the object and its actual survival are what build security and object constancy.

There are other psychoanalytic schools of thought and theories which could be used to illuminate the data. For example, instinct theory states that the human drive is to reduce instinctual tension (Rycroft, 1968), would be a different psychoanalytic lens with which to view the material. Whether this lens would be completely different from an object relations one is not a discussion which is possible here. However, in this research, hearing about and examining the mother-and-baby, the interpersonal and the intersubjective have taken precedence. Winnicott understood that the mother-and-baby needed to be in an undifferentiated state as a necessary part of the infant's development. As noted by many writers and commentators on Winnicott (for example Pine, 1982, Robinson, 2018) this undifferentiated state is not apprehended by the infant, who experiences the illusion as what is; the infant does not have the ability to know that this an illusory state of being. The work of the facilitating environment is to gradually introduce the infant to the world in such a way that the infant is not impinged upon and distressed by this knowledge.

The description and assertion that there is such an intimate and interpersonal situation between the mother and infant, wherein the infant experiences themselves as a part of the other, could be thought to be questioned by the more recent infant research. This shows infants even 24 hours old apparently responding to others, and notes how infants seem able

to have agency in their interaction by moving their heads and eyes before they have any other motor skills (Murray, 2014, 2018; Stern, 1998; Trevarthen, 1974, 2010; Tronick, 1989). Other research shows that fetuses have responses to external stimuli, for example familiar voices (DeCasper & Spence, 1991), and also react to their mother's emotional state (Cotigaa, 2013; Hopson, 1998). All these research findings are facts; often they are measurable. However, they do not and presumably cannot show what is happening in the developing mind of the infant whilst these observable activities are going on. Winnicott's descriptions of what is happening between the mother and her baby and his ideas about the baby's experience of it leaves room for all these facts; I suggest that he was speaking on a different level about a different order of activity.

Once can hardly imagine that Winnicott would be surprised to hear that there is research evidence to show that babies are interactive, seek faces and respond to voices. In all his writings about babies and their mothers his ability to see the infant's gestures and notice their possible meanings is unmistakable. He wrote about what these things might mean in the mind of the infant. Also, in writing about the primacy of the facilitating environment (1965), the work of later researchers (for example anthropologist and primatologist Hrdy, 2009) looking at what infants do to elicit the responses they need, is completely congruent with Winnicott's understanding of the absolutely vital nature of the facilitating environment for the child's development; the child requires it and will do whatever he/she can to acquire it. As stated by Murray (2018) about this subsequent infant research, "much of what we have learned broadly confirms his (Winnicott's) intuitions and clinical insight" (p. 59). How early experiences impact on the developing self and how a person comes into being are illuminated by Winnicott's thinking. In the first year after birth, the observer is witness to this process.

Pine (1982) in his writing about the experience of self, cited Winnicott's (1958b, 1965a) endeavours to describe very early experience, and the centrality of the mother providing the facilitating environment. He said "the underpinnings of stable self experience are these quiet, unintruded upon, states of being", and that they are "non self-conscious" (p. 144). The capacity to play, said Pine, starts here, in the first six months of life, in what he called

“quiet times”. Later, Pine (2006) wrote about what he called “microprocesses of identification” (p.190). Examining these can show how the identification which occurs between mother and infant can be deconstructed, and Pine is clear that these moment-by moment processes require that the mother is the organiser of the infant’s experiences. Without these, the infant will fail to thrive. However, these are small moments, related much more to a position and the mother’s reactions than any activity, and seemingly small and trivial experiences are how this capacity to develop and thrive is achieved. In his detailed deconstruction of the infant’s experience, Pine illuminated how small amounts of time and careful attention could have a big impact on the developmental process. Also, Winnicott was a paediatrician, whose clinical approach with infants and their mothers involved close observation (1965g); both Winnicott and Pine show that something which can seem small from outside can be helpful for the developing child, who “pulls things inside” (Pine, 2006 p.194). I suggest that this confirms the possibility that the baby and the mother-baby pair could be affected by the benign presence of an observer, even though they might only be present for an hour of the week.

Nevertheless, relating Winnicott’s concepts to any possible effects of being observed in infant observation obviously has to be tentative. Winnicott was describing the all-day-and-night holding environment of the infant, and the complete absorption of the mother-baby pair. Even taking Winnicott’s ideas about the father’s position of offering triangulation for the mother-infant pair, and in the second six months to the infant, this is still describing a process which is everyday and intensive, and to make a link from this with an observer who is present for such a small proportion of the week could be seen as claiming too much for very little. Nevertheless, observers and observed do feel that the experience is important and that it matters to the infant as well as the mother. It is possible that the quality of attention and gaze is in some way qualitatively different from that of other visitors. The development of the intrinsic knowledge of continuity of being and developing a sense of self is related to being seen and having oneself accurately reflected in the gaze of others. It is possible that a benign and interested regular gaze may have an effect, however limited by time and exposure, on the infant, the mother and the mother-infant pair.

Infant observation begins when the observer and the mother meet, normally towards the end of the pregnancy, and with the observer meeting the baby within the first week of life. The mother would be in the state of primary maternal preoccupation, where it could be expected that she would find it difficult to make space for anything, or anyone, other than her baby. All the activities of mothering which contribute to a facilitating environment may not only be observable but also may be affected by being observed. Winnicott's developmental time line for the first year of life is also pertinent to whether the infant is affected by being observed other than through the mother's experiences. As the stage of absolute dependence recedes, the six-month infant can begin to differentiate others and make some vestiges of independent connection with them (1965c). This suggests that the observer will become known to the older infant, with whom the infant would develop some kind of relationship in the object relations sense. As the stage of primary narcissism is receding, there is also a question of whether being observed has any effect on this process and the development of what comes next - the infant's feelings about themselves as they become more individual. Whether the integration-unintegration process which is necessary for growth, around 9-10 months (1965c), could be affected at all by being subject to careful observation also connects with the concept of subjective objects.

There is also Winnicott's emphasis on what the infant sees when being looked at. The observer's position is not one of instigating interaction with the infant or developing a more intimate relationship, but of just looking in an interested and benign way. As described by Brogan (2018), "Winnicott proposes that a crucial interchange between mother and baby which builds the infant's subjective self happens in the early stages of separating out me and not-me when 'baby takes a look around'" (p. 371) - when the baby looks at the mother and she looks back. This increases as the infant develops; by the end of the first year the infant would be taking in what comes through the eyes of others as well as the mother, which could include the observer. All the above considerations about how being observed might conceivably affect an observed infant suggest something which might be possible but is essentially ineffable, particularly without systematic infant research. The possible effect on the other observed participant, the mother is more knowable.

Winnicott's concepts will be linked with the data and its analysis to examine what the effects of being observed might be. As previously noted, there are other psychoanalytic theories which could also offer useful tools with which to suggest meaning and existential import. I have included others as they have seemed to rise to the surface. However, Winnicott "speaks" to the whole topic in examining all the facets of the mother-and baby experiences without losing sight of each of them as individuals with their own unconscious processes. "Winnicott's interest in the relational environment in its extended meaning as providing the conditions for being, combines Freudian psychoanalysis with a consistent research and clinical interest in mothers and their babies" (Caldwell & Joyce, 2011, p. 14). From this combined position, the observer, seminar leader and researcher have the best chance of understanding what can be seen in infant observation, and what the effects of being observed in this way might be.

Winnicott's position is also congruent with the hermeneutic circle from philosophy and qualitative research. In this context the baby is in the mother and the mother is in the baby and at the same time the mother is an individual and the baby is in the process of becoming one. The observer is not only observing but is an inevitable part of what happens in the observation. The researcher is looking at the whole experience but is also part of the meaning that can be made. The mother, the observer and the researcher are all required to hold Winnicott's apparently paradoxical position; that what they are feeling and what they are required to do are simultaneously internal and external. Although Winnicott's acceptance of the possibility of inhabiting such dualities has wide application for the activities of human perception and assimilation, I have found it particularly helpful in the integration of theory into this qualitative research.

The endeavour of the research is to find something which can have objective value in a subjective realm. This links to the creative use of literature; the writing exists and is also subjectively experienced by the reader. As in most human interaction, what is observed in the observation is not only influenced by the observer and observed mother, it is subjectively experienced by them. As the seminar leader and researcher, I have an interest in the endeavours which is more than intellectual and involves my

interpretation and experience of it. For all of us, what occurs outside- the object- is also an inside experience. The infant's potential for development is in a liminal space, as is also the potential for the development of any learning and growth, including this research. It is a necessary part of the process to simultaneously hold the research as my subject and to try to locate and evidence objectivity.

If these processes are active between the mother and her baby and the observer is available and watching carefully then it can be expected that the feelings will resonate in the observer. Furthermore, it is likely that the observer will participate in some of these dynamics and also bring them back to the seminars for discussion. As the researcher I have participated in these discussions as well as interviewing the observed and their observers. It will be through such an intersubjective process that meaning might be made from the research data and that the effects of being observed could be illuminated.

Limitations of review

The most obvious limitation is that there is a scarcity of literature in this area. The reasons for this are not clear, Bekos (2014) suggested that this might be related to residual guilt we feel as a profession for in some way using the family and then leaving them to manage their feelings about the ending (personal communication 2nd January 2015). It is also possibly related to the challenge of interviewing this population, partly related to challenges inherent in qualitative research - how to get usable and in-depth data whilst respecting the participants' rights not to be disturbed by the questioning and to keep things private if they wish. Infant observation tutors are very alive to the inherent dangers of pathologising the family in some way and make firm boundaries about what should not be said or looked at within the family and in the seminar. All this has impacted on me; as a clinician my instinct is to look for and elucidate the unconscious processes; this is not the researcher's interview task and I have had to learn a new way of being. In the reflective process between theoreticians, tutors and observers, this way of being with the observed is known, agreed and adhered to. But all understand that it is a difficult position to inhabit; it can be extrapolated that on some level we have suspected that it is difficult to research because of this and it has inhibited

development of thinking systematically about this area. There is another possible reason, which is more internal and intersubjective. The healthy development of a child requires that previous stages are gently given up and moved on from. Likewise, a good and successful observation, which was part of the development of the child and the observer, is likely to be left behind. It would not leave something unfinished.

A further limitation of the literature review relates to the use of theory. Such commentaries as there are use theory to elucidate the author's view of what happened or happens in infant observation. This is a valid and intellectually respectable approach; much theory, not just in the human sciences, has been developed and proven with a single case study model. As Hinshelwood (2013) noted, Columbus only needed a single case to prove that the world was round (p. 69). However, it could be a limitation in this endeavour. A theory-driven model begins to look at an issue from the outside. The challenge for this research is to take the process in the opposite direction, to consider whether, and if so in what ways, psychoanalytic theories arise from the data rather than finding in the data something that proves a particular psychoanalytic theory.

There is also a large body of literature on intersubjectivity and psychoanalysis (e.g. Stolorow, Brandchaft and Atwood, 1995, Wachtel, 2008, and Waska, 2007) which would require a deeper examination than has been possible for this research. It links with concepts and research techniques from other disciplines, for example intersubjectivity, which is a phenomenological concept referring to the overlapping realities between individuals with each other and with their context. Philosophers, in particular Heidegger (1927), postulated that being embedded in context and in relation to others is a central part of the human condition. Thus, it is not possible to fully understand the individual and their concerns in isolation; each affects the other. The concept of intersubjectivity both describes this relatedness and explains something about how humans make sense of each other (Smith, Flowers and Larkin, 2009). With its views on the impossibility of taking the individual's inner world in isolation, this concept could be taken as standing in opposition to psychoanalytic theory. It is true that in the psychoanalytic model of the mind most attention is paid to the unconscious parts and the individual's repressed

feelings and impulses. However, in the area of countertransference the concept of intersubjectivity is congruent.

Finally, acquiring evidence which can stand up to proper scrutiny is particularly difficult where the information is assumed and often third-hand. The literature search revealed that being observed was thought to have effects and that these are beneficial. How those conclusions were arrived at had involved very complex processes of examination which were often internal and were influenced by the theoretical bases used. Thus, they could be accused of bias and relying on hearsay. This will be examined later.

Key texts- research

<u>Author</u>	<u>Title</u>	<u>Publisher</u>	<u>Date</u>	<u>Summary</u>	<u>Relevance</u>
Hollway, W. & Jefferson, T.	<i>Doing qualitative research differently.</i>	London: Sage.	2000	The common view of researchers is that it is possible for a subject to give an 'objective' account of themselves is challenged; the subject's context and external reality is much less important than their internal dialogue and unconscious dynamics.	Taking the ubiquity of defences as part of the human condition and noting that they are largely unconscious, the authors devote a chapter on how to get useable data from a "defended subject".
James, D.M., Pilnick, A. & Collins, L.	Participants' use of enacted scenes in research interviews: A method for reflexive analysis in health and social care.	<i>Social Science and Medicine</i> . 151 38-45	2015	Specialised form of discourse analysis and applied linguistics. Single study examining the use of direct speech and enacted scenes.	The use of direct speech and enacted scenes offer validity of research findings.
Kvale, S.	The psychoanalytic interview as qualitative research.	<i>Qualitative Enquiry</i> 5 1 87-113	1999	Theoretical paper looking at the parallels and links between a psychoanalytic interview and a research one.	Therapeutic conversation has produced insights into human behaviours, but the importance of this to produce knowledge has been neglected.
Lyons, E. & Coyle, A.	<i>Doing interpretative phenomenological analysis.</i>	In- <i>Analysing Qualitative Data in Psychology</i> . London: Sage.	2011	The researcher starts in IPA by "feeling" the themes and trusting in their own emotional response, whilst maintaining reflexivity and examining preconceptions.	Great care needs to be taken over the researcher's own issues and identifications to ensure that they are not over-committed to their own theoretical allegiances.
Mead, G.H.	<i>Scientific method and individual thinker.</i>	In- <i>Creative Intelligence: Essays in the Pragmatic Attitude</i> . (Ed- Dewey et al) New York: Henry Holt & Co.	1917	Observation tests reality, and has done since ancient times. Observer needs a theory but also the capacity to rethink in the light of what the observation shows. New discoveries are made in this way.	The need to understand about the meaning of observation but also how to look at the data with an open mind in order to learn what is there and develop the understandings.

Midgely, N.	Psychoanalysis and qualitative psychology: complementary or contradictory paradigms?	<i>Qualitative Research in Psychology</i> . 3: 213-231.	2006	A summary of other writings and thoughts about qualitative research.	The 'selected fact' in research- what is followed up or noted- is in response to and in dialogue with the participants' material. An overvalued idea is where the fact is preselected by the researcher. Anxiety is inevitably evoked in any study of human beings: attempts to be objective are defences against this. The researcher has to make use of three different sorts of data; the material, the effect of being observed itself and the reactions of the researcher. The latter involves analysis of countertransference.
Nolan, M.	<i>The experiences of living with spinal cord injury in the early months following discharge.</i>	Unpublished doctorate, Univ. of Essex	2011	Psychoanalytic IPA research doctorate	The ways in which description moves into meaning making
Smith, J.A., Flowers, P., & Larkin, M.	<i>Interpretative phenomenological analysis.</i>	London: Sage	2007	The IPA 'Bible' which sets out the development of the method and shows step by step how to do it.	It is a good grounding and I read it right at the beginning of looking at using IPA. It is broad rather than deep.
Smith, J.	Evaluating the contribution of interpretative phenomenological analysis.	<i>Health Psychology Review</i> . 5 9-27	2011	Looks at 293 research papers which have used IPA and extrapolates 4 points by which IPA research papers can be assessed. 1] Uses IPA principles, 2] is coherent and plausible, 3] uses extracts illuminating themes, 4] has at least 2 good themes.	Useful way of having another perspective on how to evaluate IPA research.
Van Manen, M.	<i>Researching lived experience.</i>	Univ. Western Ontario: Althouse Press.	1997	Describes the theory and methodology of qualitative research.	It is only possible to examine lived experience through trying to understand the experience of the subject, but there is no commonality in how something is experienced.
Wagstaff, C. et al	The accordion and the deep bowl of	<i>The Qualitative</i>	2014	Different accounts of the benefits and problems of using IPA. IPA aims to hold the tension between the	IPA's strength also lies in exploring the

	spaghetti; eight researchers” experiences of using IPA as a methodology.	<i>Report 19 47</i> 1-15		individual experience and the common themes, particularly through the use of the double hermeneutic. The reflexivity of the researcher is essential and embedded as part of the analysis.	perspectives of both the researcher and the participant. Nolan wonders if IPA is much different from other interpretative phenomenological approaches.
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Key texts- infants and infant observation.

<u>Author</u>	<u>Title</u>	<u>Publisher</u>	<u>Date</u>	<u>Summary</u>	<u>Relevance</u>
Bekos, D.	An exploration of mothers' experience of infant observation	In- <i>Infant observation- creating transformative relationships</i> (Ed Thomson-Salo). London: Karnac	2006	MA study. Interviewed 3 mothers in depth and analysed transcripts using discourse analysis. Families felt it was a helpful experience, but had some sad and unresolved feelings about the ending.	2 themes; it is a helpful experience but the ending may be difficult.
Bick, E.	Notes on infant observation in psychoanalytic training.	<i>International Journal of Psycho analysis.</i> 45. 558-566	1964	Reasons for doing infant observation. Sets out the method.	Notes that as well as the value for the trainees, the mothers in particular welcomed having someone coming regularly with whom they could share feelings and thoughts about their infant and his/her development.
Brazelton, Koslowski & Main	The origins of reciprocity; the early mother infant interaction.	In- <i>The effect of the infant on its caregiver.</i> (ed Lewis & Rosenblum)	1974	Quantitative research – 2-month-old infants can distinguish between people and objects, and the facial expressions of others. They prefer expressions of joy to those of anger.	This type of research came after the development of psychoanalytic infant observation It is important to consider whether the way the observations are conducted has kept pace with this new knowledge.
Green, A. & Stern, D.	<i>Clinical and observational psychoanalytic research: Roots of a controversy.</i> (Ed. Sandler, J., Sandler, A-M. & Davies, R.)	London: Psycho analysis Unit of UCL & Anna Freud Centre. Psycho analytic Monograph 2	2000	Edited papers and discussions about psychoanalysis and research, and the relevance of infant observation.	Summary of the controversy about the value of infant observation for psychoanalytic training and clinical practice.
Hollway, W.	<i>Knowing mothers. Researching identity change.</i>	Hampshire: Palgrave Macmillan.	2015	Researchers used infant observation methods alongside interviews to get more in-depth data on the experience of becoming a mother and how this changes identity.	There is something essentially unknowable about motherhood: qualitative research in this area therefore, must attend not only to what is said but what is not said

					and what may only be glimpsed or surmised. Healthy narcissism exists and is an essential component of the life force. Creativity requires the investment of narcissistic libido.
Hrdy, S.B.	<i>Mothers and others. The evolutionary origins of mutual understanding.</i>	London: Belknap Press of Harvard Univ. Press	2009	Author is a primatologist and anthropologist; much data comes from studies of primates. To survive, a species needs a system of alloparenting, and newborns respond to human faces.	Concept of 'allomothers' – where other adults help in rearing children, is central and what helps our species survive. The observer could function as an allomother.
Miller, L., Rustin, M.E., Rustin, M.J. & Shuttleworth, J. (Eds.)	<i>Closely observed infants.</i>	London: Duckworth.	2002	A book about how to conduct observations, what is unconsciously involved and related theories. Second part of the book is accounts of observations.	Being part of an observation stirs primitive anxieties in the observer. The infant is in this state a lot of the time and requires the mother's mediation in to order to manage these overwhelming feelings.
Pine, F.	The experience of self- aspects of formation, expansion, and vulnerability.	<i>Psycho analytic Study of the Child.</i> 37 144- 168	1982	How self is constructed and formed. Uses Winnicott as a base.	Writes about the experience of self, particularly the mother's contribution of providing quiet and uninterrupted time and care.
Pine, F.	A note on some microprocesses of identification.	<i>Psycho analytic Study of the Child.</i> 61 190- 201	2006	Microprocesses between mother and infant can be examined to show how the mother both magnifies and superimposes her style. Infant takes this in firstly in a bodily way.	How the identification which occurs between mother and infant can be reconstructed; the mother is the organiser of the infant's experience.
Ravitz, G.	The observer observed: The parallel emotional experiences of the observer and the mother in infant observations	<i>Dissertation (D Phil).</i> Institute of Advanced Psychological Studies. USA: NY State, Adelphi University	2013	Analysed seven written accounts each of infant observation by 21 observers doing a year long observation as part of their psychoanalytic training. Used computerised linguistic measures of referential activity (WRAD) and reflection (REF) and specifically looked at the relationships. Concluded that mothers and observers go through a parallel process and the analysis showed a high correlation between the two.	Offers some confirmation and triangulation. A very different method of acquiring data; these accounts are from the observer about the observation. The conclusions about the experiences of the observed mothers are drawn from the transference/countertransference matrix and the understanding of the observers. He states that it is

					a dyad, and that only by looking at the experience of both participants can understanding be extrapolated. Shows the parallel emotional reactions between mother- infant and mother-observer. Findings congruent with other writings.
Reid, S. (Ed,)	<i>Developments in infant observation: The Tavistock model.</i>	London: Routledge	1997	Different authors describing infant observations the way they are done in the Tavistock Centre.	Tavistock model is more Bion than Winnicott- containment is much more referenced than holding. Diem-Wille's research is not about the effects of being observed on the infants, but the effect on the mother-infant pair is implied.
Stern, D.	<i>The interpersonal world of the infant.</i>	London: Karnac	1998	Whole book on infant research and what it tells us about their development	Author links the developmental research with psychoanalytic theories.
Sternberg, J.	An examination of the relevance of the study of infant observation to psychoanalytic psychotherapy trainings	<i>University of East London D Psych thesis</i>	2004	Research using Grounded Theory into the value to psychotherapy trainees of doing Infant Observation. Concludes it is very helpful to their development and enables them to practice bearing strong feelings without acting on them, as well as seeing infantile development at first hand.	The bearing of strong feelings is actually helpful to the family.
Thomson-Salo, F.	Infant observation: an infant's inner world	<i>Infant observation-creating transformative relationships.</i> (Ed Thomson-Salo) London: Karnac	2014	Introductory chapter noting how and why observations should be set up. Describes the value for training and comments on the value to the family. The whole book has chapters by different writers about infant observation.	The implication of the family Finding being observed helpful And containing is all through the book, with theoretical constructs about why this is so.

Trevarthen, C.	Conversations with a two month old.	<i>New Scientist</i> 1974 230-235	1974	Quantitative research into infant development concluding that very young infants respond and relate.	This knowledge must affect the ethics of conducting infant observation.
Watillon, A.	Observer mothers interviewed.	The Signal. World association for mental health newsletter	2002	62 mothers, most very positive. Mother makes an unconscious link between baby and observer; the intrusion of having an infant is facilitated by the accommodation of the intrusion of observation.	These were mothers where she had been the tutor. She has ideas about the internal meaning of being observed to the mother.
Watillon-Naveau, A.	Observer mothers interviewed.	Journal of Infant Observation. 11.2	2008	100 mothers/parents. Families saw it as a final and helpful feedback. Parents spoke very highly of observer. Parents are contained by observer's presence and non-judgemental stance.	The results have not been subject to analysis or formal research procedures. However, author draws conclusions based on careful interviewing as well as theoretical ideas.

Key texts- psychoanalytic theory.

<u>Author</u>	<u>Title</u>	<u>Publisher</u>	<u>Date</u>	<u>Summary</u>	<u>Relevance</u>
Bion, W.R.	<i>Attention and interpretation.</i>	London: Tavistock.	1970	His ideas about containment involve the mother's role of thinking but it is a more active and interactive concept and clinical application than Winnicott's holding. It involves returning that which is contained as well as understanding it. The infant has to acquire the ability to think: this involves the communication of their thoughts to the other.	The communication of thoughts is relevant; the mothers seem to value the chance to talk to the observer about their babies and what they think about their development.
Caldwell, L. & Joyce, A. (Eds.)	<i>Reading Winnicott.</i>	London: Routledge	2011	Complete overview of Winnicott's work, with his key texts included. Commentaries on his thinking and concepts.	Seminal book about Winnicott's contributions and thinking. Everything about Winnicott 's theories can be checked and contextualised.
Davis, M. & Wallbridge, D.	<i>Boundary and space</i>	London: Karnac	1981	Lucid descriptions of Winnicott's theories and the development of his work.	Winnicott wanted to develop theory from childhood experiences, rather than extrapolate from adults. The infant's first relationship helps the development of potential space which is necessary for creativity.
Federn, P.	<i>Ego psychology and the psychoses</i>	London: Maresfield.	1952	Used the term health narcissism, contrasting it with pathological narcissism. It is "the normal essential means for establishing the living psychic coherence of the ego" (p.326).	This essential aspect of healthy development has its counterpart in maternal reverie. It is more than an internal event. The mother's reverie is related to her healthy narcissism and the desire to inculcate it in her infant.
Freud, A,	<i>The ego and the mechanisms of defence.</i>	London: Karnac. (1966)	1936	How the ego manages painful states- by using defences	Many of her conclusions come from her work with children, and she looked at normal development.
Freud, A.	<i>Normality and pathology in childhood.</i>	London: Karnac. (1989)	1966	The differences between child and adult analysis; starting with the child and their experiences. Normality is a drive which will assert itself if obstacles are removed.	Based on her theories on developmental lines. Started with what is normal in childhood. Processes which can be seen in infant observation are not

					necessarily pathological; what makes the difference between emotional health and ill-health is quantitative, not qualitative.
Joyce, A. (Ed.)	<i>Donald W. Winnicott and the history of the present.</i>	London: Routledge	2018	Chapters from different writers about Winnicott's work and life.	The chapter on infant research, Winnicott and creativity is very clear in explaining Winnicott's understanding of the infant's developmental stages.
Kohut, H.	Forms and transformations of narcissism.	<i>Journal of American Psycho Analysis.</i>	1966	Theoretical paper about narcissism, both healthy and unhealthy, and the various ways it can be transformed from the latter to the former.	The infants in these observations are in the process of having their identities developed, along with their parents' identities, and the observer's identities as a clinician in training and an observer.
Ogden, T.H.	On holding and containing, being and dreaming.	<i>International Journal of Psycho Analysis.</i> 85 6	2004	Describes the differences between holding and containing and their interconnectivity. Both are needed for the infant/patient to be able to think.	Holding is more about being and containment is more about processing in the theoretical constructs of Winnicott and Bion. Both are present in the mother-infant experience and in the observer's experiences of observing and being in the seminar group.
O'Shaughnessy, E.	What is a clinical fact?	<i>International Journal of Psycho Analysis.</i> 75 939	1994	Author asks first "what is a fact" and notes that to claim a fact must involve submitting it to verification. Facts are dependent on their context in any discipline. Clinical facts offer a truth, and the verification can come in a variety of ways, but these all involve the intersubjective.	Psychoanalytic work is doubly subjective, but this is not synonymous with having no objectivity. Infant observation, and research into it, also involves double subjectivity.
Sandler, J.	On communication from the patient to the analyst: Not everything is projective identification	<i>International Journal of Psycho analysis.</i> 74 1097- 2008	1993	Not everything is projective identification; clinicians and theoreticians need to think more widely about human processes. Humans automatically tune in and mirror the feeling state of the other.	Sandler refers to receptivity and primary identification to make a differentiation between projective identification and something more mellow.

Spillius, E. Milton, J., Garvey, P., Couve, C. & Steiner, D.	<i>The new dictionary of Kleinian thought</i>	London: Routledge	2011	Full description and interpretation of Klein's theories. Explanation of Klein's view of projective identification, and the current Kleinian view.	Part of the self is attributed to the object. Current Kleinians do not make a differentiation between projective identification and projection.
Winnicott, D.W.	<i>Through paediatrics to psychoanalysis.</i>	London: Karnac	1956	Primary maternal preoccupation is the state all healthy mothers enter into to be able to accept their babies as part of them and manage their demands. This can lead to a feeling of madness, and can result in psychosis if either the mother is fragile or something happens to the infant.	The mother and baby are the usual couple seen by the observer. What impact does being observed have on this process?
Winnicott, D.W.	<i>The maturational processes and the facilitating environment.</i>	London: Karnac	1960	Infants need holding in the minds of their primary carer, usually the mother. Without this they are unable to manage strong feelings and cannot acquire a sense of security. Holding involves taking in the feelings and digesting them, but not necessarily commenting on them or trying to evacuate them.	The observers take in a lot of strong feelings and often come away having noticed but not commented on their strong reactions. This could be part of the holding function, therefore, valuable to the mother-baby couple.
Wright, K.	<i>Vision and separation between mother and baby</i>	London: Free Association Books	1991	Theoretical book based on research and clinical experience describing in detail the interaction between infant and mother, and the role of the father. Author says the eye contact and <u>looking</u> is the main way in which the relationship is developed and maintained, and is central to the infant's healthy development.	Vision is central to the development of the primary relationship, which is being looked at by the observer

Chapter 3 - Methodology

Introduction

This research requires both a robust qualitative research method and an understanding of psychoanalytic theory which can be usefully applied to the data. Furthermore, these two approaches have to be integrated before the value of the in-depth analysis can be extracted. This proved complex, with IPA both offering the chance to use my psychoanalytic insights and at the same time cautioning the application of them as possibly interfering with a clear view of the data. Once the interviews were done (the specifics of recruitment and process are further examined in chapter 4) and I began to transcribe, I applied the IPA method of recording my own reactions. It was clear to me that my reactions came from the transference and countertransference matrix, as well as my own ideas and preconceptions. This seemed a difficulty with the IPA method in that the co constructed nature of extrapolating themes and existential import was inevitably bound up with my psychoanalytic understanding of how meaning is made and what is of import to the participants. I then looked for papers where IPA and psychoanalysis were used together. The results are below. This examination was interesting and instructive, but still left the question of how meaning was made using both IPA and psychoanalytic understanding largely unanswered.

I therefore looked for other possible ways of examining the data. IPA does not explicitly require the recording of pauses and silences, but as this was part of the data I had done so. I had also noted where there were particularly vivid descriptions- 'standout moments', and where the participant had quoted someone else- often the other member of their observed-observer dyad. These led me to look at some aspects of conversation analysis which helped give a more complete picture of the data and offer some confirmation of the findings. A list of the steps of this process is at the end of the chapter.

Psychoanalytic and qualitative research

Psychoanalysis and the psychoanalytic approach have not traditionally featured greatly in qualitative research outside of the psychoanalytic world. As noted by Kvale (1999), “it remains a paradox of scientific psychology that although knowledge generated by the psychoanalytic interview has become a central part of psychology as well as our culture ... the psychoanalytic interview is rejected as a research method” (p. 96). Indeed, it has been regarded by some as antithetical to the cooperative enquiry necessary to enable the subjects of the research to express their views and ascribe meaning to their experiences. The primacy of trying to understand the unconscious can lead to the charge that the researcher claims knowledge about the subject of which, by definition, the subject is unaware. Georgaca (2005) argues that psychoanalytic research is too theory-driven; Parker (1997) argues that it is too individual to be of wider relevance.

It can be argued, however, that the opposite is the case (e.g. Hinshelwood, 2016; Midgley, 2006). The psychoanalytic method has much in common with qualitative research methods, in particular the triangulation which includes the clinician’s own reactions and the tentative building up of an understanding. As Hinshelwood (2016) described it, “we use a subjective instrument - the mind of the psychoanalyst” (p. 9). Therefore, both psychoanalytic work and qualitative research can be said to take three things into account: the subject or patient, the researcher or clinician and the effect of being researched or of being in treatment.

However, the dialogue and disagreements about psychoanalysis and research have continued (e.g. Wallerstein, 2009). Hinshelwood (2013) noted that to extrapolate a credible working hypothesis which is open to being questioned, refuted and replicated presents a particular challenge in psychoanalytic research. Cartwright (2004), noting the problem of how psychoanalytic meaning can be reliably “evidenced”, asserted that “basic hermeneutic principles, often used to understand the research interview, are not sufficient for understanding unconscious meaning and intrapsychic processes” (p. 208), and outlines three “essential tasks” for the analysis and interpretation of research data. These are: looking for the “core narratives”,

matching these with the transference-countertransference experiences and looking for the “key identifications and object relations” (p. 210).

Interpretative Phenomenological Analysis - IPA

The approach aims to explore and give insight to the experiences individuals have in a given context and frame of reference. It selects participants and uses open-ended interviews. The data analysis does not test hypotheses but aims at describing what the experience was like, and what sense the participant made of it. The researcher’s own interpretation and the intersubjectivity between the researcher and the participant is part of the data and conclusions. It can include formulations about the processes at work at an unconscious level. The text of the interviews and other material is closely examined and looks particularly at the recurring patterns of ideas, thoughts and meanings. This produces themes which both have meaning for the participant and help understand the wider context and implications. The number of themes is reduced and more said in increasing depth about a few central things. All the interviews, along with contemporaneous notes, are done before the in-depth data analysis begins, otherwise the view is that the analysis is likely to heavily colour the subsequent interviews.

Hermeneutics in this context is not only about interpretation and meaning but also about the problem of understanding an issue from another point of view and understanding the social and cultural context. Thus, the meaning of an action can only be understood if the whole sequence is taken into account - the hermeneutic circle. In this research I needed to find out what the participants experienced in the context of the whole observation, and this of course includes their individual contexts. It also includes my own context. Thus, the interplay between these contexts forms part of the analysis and understanding which leads to conclusions about the experience. In ordinary human interaction, difficult or painful issues are often not spoken about, and what is left unsaid may be as significant as what is said in the lived experience of the participant, and this can be understood psychoanalytically as part of an unconscious dynamic.

The hermeneutic circle of the researcher and the researched involves the context and preconceptions of the researcher; this provides the backdrop

onto which the encounter with the participant provides new information. The researcher is always engaged in moving back and forward between his/her own ideas and the new thoughts that the experiences of the participants suggest. The double hermeneutic of the researcher making sense of the sense the participant makes of their experience also has parallels in the two types of hermeneutics in this context. The first hermeneutic, of entering in to the participant's experience as fully as possible and trying to understand it in their terms, is balanced by the second hermeneutic, the endeavour to think about the experience from a more external and/or theoretical perspective. Smith, Flowers and Larkin (2009) state that "successful IPA research combines both stances - it is empathic *and* questioning" (p. 36).

Triangulation is a part of the IPA methodology, and skill and acuity on the part of the research team is required to look at what biases could be operant. Without this, the offer of IPA to facilitate looking at depth could be reversed; what is concluded may be biased or superficial. As described by Hefferon and Gil-Rodriguez (2011), there are drawbacks to using IPA inexpertly. There is a risk of asking too many questions and offering superficial generalisations. Describing is not enough for this method; it requires a deep level of sophisticated analysis and rigorous supervision.

Psychoanalysis and IPA

Smith, Flowers and Larkin (2009) do have criticisms of the psychoanalytic method in the research context. These centre on whether the understandings derived from the research data are from the philosophical and theoretical preconceptions of the psychoanalytic practitioner rather than from the lived experience of the subject of the research. This is another level of researcher bias; the suggestion that the psychoanalytic researcher not only has to screen for personal and professional biases but also that psychoanalysis is a theoretical position through which all human behaviours are understood and that this could influence the researcher's findings. It is the case that the psychoanalytic model of the mind does mean that the human condition is understood in particular ways. However, the psychoanalytic practitioner is trained to know as much as possible about any tendencies to impose a theoretical construct onto a lived experience of the patient.

There are many similarities between researcher reflexivity and the psychoanalytic researcher's understanding and use of the countertransference, but the restrictions of the IPA method suggest that although it can be argued that in all research interviews, particularly qualitative research ones, the "inchoate transference and countertransference" (Cartwright, 2004, p.218) is present, the examination of it is not an explicit part of the IPA method. Also, the uses in IPA of a form of discourse and/or conversation analysis, where repeated words and similar clusters of words are extracted, do not necessarily offer an important meaning or finding. Without the application of other evidence from the texts, the patterns of speech and the emotional tone, what may be seen could be only a small part of the whole. As Cartwright (2004) put it, "the associations that make up a narrative are not joined simply by virtue of their proximity or thematic affinity" (p. 219). It is the connection between thoughts and affect, the emotional atmosphere in the lived experience, which gives most data on what the participant was feeling and what meaning they were able to make of their experiences. Repeated words and/or proximity of concepts are not in themselves decisive evidence about what is of urgent or existential import to the participant and their experience.

The emotional atmosphere is both given priority in IPA and viewed with the suspicion that it may be a construction of the researcher's. Thus, I have found the epistemology of IPA has both supported the use of a psychoanalytic understanding and in some way stood in conflict with it. I have found that the IPA methodology both has the possibility of including countertransference but also eschews its use as possibly being some kind of imposition of a different epistemology which could therefore interfere with the researcher's ability to be open-minded about the findings.

Particularly in relation to research, Borchert (1967) described four main sources of knowledge - intuition, authority, empiricism and logic. The endeavour is to be able to show a convincing line as to how knowledge is arrived at, and particularly in the human sciences this has to involve interpretation. In psychoanalytic theory, the central psychoanalytic concepts which form a large part of the authoritative source of psychoanalytic knowledge have also emerged from the intuitive and empirical. The logical

source in this context is centrally linked with the intuitive. Psychoanalytic knowledge is inextricably interwoven with psychoanalytic clinical practice. A central epistemological question in philosophy - how we know that what we believe to be true and justified is indeed the 'truth' - appears in this research; qualitative research has to be able to answer the point that what may be robustly known may not be able to be proven. What is 'truth' is the subject of much intense and complex philosophical debate (e.g. Habermas, 1973; Ricoeur, 1981; Thoma & Kachele, 1975). Psychoanalysis, described by Orbach (2017) as "lived research", can be, as she noted, of "enormous value" (p. 1). However, the logical and other sources of its epistemology are intersubjective and they are arrived at in great part by using the reflexivity and countertransference experiences of the theoretician.

The epistemology of psychoanalytic theory and practice centres on the intersubjective and on the lived experiences of the clinician and theoretician. Qualitative research emphasises reflexivity as a way of understanding the data and making meaning out of the subjects' experiences to arrive at something which can be considered 'true' and of value. Psychoanalytic understanding is congruent with IPA in that both assume a connection which is not usually straightforward and that the researcher, or the clinician, has to interpret what is said and felt, and together with the participant or patient make sense of the material and the experience. I therefore undertook a search for IPA papers using psychoanalytic theory and/or where at least one author has psychoanalytic training and/or experience in order to see what is in the wider field. This was also to understand how they have evidenced the move from description to meaning making, and from meaning making to existential import.

Search results

IPA has become a very popular method of qualitative research. Smith (2011a) found 293 papers in the years 1996 to 2008 and noted the substantial increase from 2005; in the previous years there had been no more than five per year. For this research, using five databases - Scopus (Elsevier), Web of Science, Proquest Hospital Collection, Medline and OneFile (GALE) - references to 'Interpretative Phenomenological Analysis', 'Interpretive

Phenomenological Analysis' or 'IPA' were sought. The results are in appendix 4. Once the journals and other references where any of the above terms were used had been identified, cross-references to 'psychoanalytic', 'psychoanalysis' or 'psychodynamic' were looked for. The ones with the most references to IPA had no cross-references with any of these psychoanalytic terms. The EBSCO host (the electronic academic resource) and the Psychoanalytic Electronic Publishing (PEP web) data base, using the advanced search which also looked for the key words in the article texts, did not produce any definitive papers, although it included two papers which do have some IPA content. Given the popularity of IPA, and the view that it is a qualitative research method which fits well with the psychoanalytic way of thinking, this paucity suggests either that the method is not so congruent, or that the research method is less referred to in the papers than the research results, and thus IPA itself is not one of the key words. I then undertook an individual micro search in reputable journals in the general psychoanalytic field. This produced 13 papers, including one unpublished doctoral thesis, which are in sufficient numbers and are rigorous and robust enough for conclusions to be drawn from them about the current picture and to use them as a lens through which to critically examine my data and the evidence I am using for the conclusions. The papers are in table 2 and summarised below.

The first is a paper taken from a professional doctorate in psychoanalytic psychotherapy (Reid, M. 2003). The author wished to research the mother's state of mind when she had a new baby after the loss of a previous infant or small child. The research hypothesis was "that there was unresolved mourning following the loss of an infant that had occurred prior to the birth of the next baby" (p. 4) and that this was having an impact on the mothers' abilities to mother their new baby. The sample size was three mothers who had been referred for psychotherapeutic help as there were concerns about their emotional health. All were seen for open-ended psychotherapeutic help by the author, a child psychotherapist, for around five years, three years and two years respectively, once weekly or less. The author's explicit aim was to find out "whether it would be possible to explore how the nature of the mother's inner world might have influenced her mourning process and the way that this might be expressed through her

relationship with me in the transference” (p. 5). Most of the paper is a clinical account to illustrate the themes which were: 1) mother’s experience of the loss of the baby; 2) mother’s relationship with the new baby; 3) mother’s relationship with other children and partner; and 4) mother’s relationship with the therapist.

The author used reflexivity, strong emotions, common strong feelings and her theoretical hypothesis to show the movement from description to meaning making. To show the movement to existential import she used a blend of “projection on behalf of the patient, and observation, intuition, theoretical knowledge and the clinician’s own experience of the analytic setting” (p. 6) The author described the method – using process recordings¹ of the treatment sessions, as being “similar” to both IPA and Grounded Theory, and described how these were used in textual analysis and line-by-line coding (p.7) The paper used the experienced clinician’s countertransference as part of identifying and elucidating the themes, and this was accepted as a robust finding. For example: “There was a feeling of intense pain during the earliest sessions that I found quite overwhelming” (p. 11). The author was describing work with a mother who has lost a previous baby; intense pain would be an expected experience. However, from the research perspective it is clear that this experience is part of what the author used to validate her data analysis and extrapolation of themes. In particular, it is a central part of what the author used to move from meaning making to existential import.

The following two papers are both part of a much larger project, where children referred to the Anna Freud Centre between 1952 and 1980 were followed up (Midgley & Target, 2005 and Midgley, Target, & Smith, J 2006). There were 27 participants; the paper does not specify what proportion this is of the total number of children followed up. The method was using verbatim transcripts of semi-structured interviews which focused on the subjective experience of the participants about their psychoanalysis as children. There is

¹ The author did not describe what she means by process recordings. In the psychoanalytic field they are taken to be the full notes made by the clinician after the session, which include everything the clinician can remember about what the patient said, what they said, how the patient seemed and how they, the clinician, felt and what they thought. These are used to investigate the unconscious processes at work, the transference and countertransference matrix, and to illustrate the points.

a follow-up paper, co-authored with Smith, which explicitly included IPA as part of the data analysis. There were six themes identified: 1) if it did help me, I'm grateful - but how do I establish that? 2) it's good to talk; 3) my ability to cope has changed; 4) the tools for self-analysis; 5) I wasn't sure it was doing any good; 6) I think it made things worse. They used the size of the sample to evidence themes; they were the things which most/a majority of participants referred to. This was also used to show the movement to meaning making, along with what was striking to the interviewer and the analysts of the data. The extrapolation to existential import included some theoretical and other research references, but was mostly in the words of the participants, about matters which are human difficulties and concerns - attachment, and the "ability to plan and predict one's own and other's responses, particularly within relationships" (Midgley, Target, & Smith, 2006, p. 260). This is an unusual IPA study in having so many participants; it has meant that they can and have evidenced their conclusions in a somewhat quantitative way. Researcher reflexivity and the possible uses of countertransference are not referred to.

From the following year there is a paper by a Jungian analyst (Barone Chapman, 2007). There were three participants, all of whom had had repeated attempts to conceive. The author set out her motivation for doing the research: noting the increase in female infertility and the advancements in treatment she "began to wonder if this phenomenon was not just about having a baby but filling an empty space" (p. 480). She linked IPA with "Jungian analytic and psychoanalytical theory" and said the themes were analysed "through recurrent themes and amplification" (p. 479). She described looking for repeated words and phrases, body language and the expression of strong emotions to evidence the meaning making. She grouped the existential import in two areas - the importance of the mothering the participants experienced, and the crisis of infertility covering another crisis, this time of identity. The seven common themes all relate to motherhood. The author gave a lot of background information about the theoretical constructs she used as part of her examination and interpretation of the data and, noting that the researcher has to use their "own sense making process" to extract existential import, she used her own emotional experiences and reactions as part of the construction of meaning. The author made a point about what "the participant may be

saying indirectly or unconsciously” (p. 482) and referred to the process of the researcher’s endeavours to make connections to understand something about this.

The transcript extracts are short and to the point that they are being used to illustrate. However, there is nothing explicit about the expressed emotion surrounding these extracts, or indeed the author’s own feelings about them. She noted that she had the transcripts reviewed by an expert in IPA and a clinical colleague who agreed that the themes were congruent with the transcripts, but does not explain how exactly they assessed this.

There is a paper from the same year co-authored by two observers and their supervisor (Bury, Raval, & Lyon, 2007). The researchers contacted all patients of a young people’s mental health service who fitted the criteria – being aged 16-21, having had psychoanalytic therapy at least once per week for at least six months, and having finished 6-18 months previously. Out of a possible sample of 36, six chose to participate. There were four superordinate themes, three with sub-themes. These were: seeking help and engagement, with three sub themes - being in difficulty, feelings about referral and stigma, and expectations of therapy; beginning therapy, with two sub-themes - mixed feelings and therapist’s response; the process of being in therapy, with three sub-themes - learning the ropes, facilitative aspects and power, and ending therapy.

The three authors read and reread transcripts “identifying lower order and higher order themes as they emerged”. They also used “groundedness” (p. 83) and had two transcripts subject to independent audit. They used literature, and congruence between authors and between the participants. They acknowledged their bias in respect of psychoanalytic thinking, and that their identifying of “higher order themes” was informed by their psychoanalytic perspective. The paper starts with some justification of the use of narrative-based research and the conclusions are a plea for taking the lived experience of the “service user” (p. 94) as an essential tool for developing services. They also argued that the meaning making which is part of the therapeutic endeavour is “as important as objective measures of clinical outcome” (p. 94).

A criticism of this paper could be that it seems to be straddling two purposes. The use of the paper to inform how services for this group are

commissioned and delivered does not come across strongly enough to be very convincing. For example, they make references to the therapeutic alliance being centrally important. This is unlikely to be disputable, and is hardly an unusual finding. However, it is not really evidenced in the paper. The lived experience of the researchers is well described. They immersed themselves in the words of the participants until what was of existential import rose to the surface and the key themes emerged. However, what will rise to the surface in the mind of the researcher is inevitably informed by things other than simply the data itself (in this case the psychoanalytic perspective), and this paper is one of the few to specifically make reference to this (p. 83). The researchers also used a comparative method in that the themes were referred to as being common to all, most or many. A detailed examination of the extracts does show certain groupings which seem to be based on an interpretation of what the participant was saying. For example, there is an extract which the researchers describe as being about a “difficulty in being able to use the therapeutic space” (p. 88). It could be argued that there are many ways of interpreting what the participant said; this interpretation could come from a professional perspective rather than being an accurate reflection of the participant’s experience.

A further year later, 2008, a paper from research which was also carried out at the Anna Freud Centre was published (Barros, Kitson, & Midgley, 2008). The Centre had a weekly parent-toddler group, run by child psychotherapists and observed by students. They began by noting that users’ views are an important part of evaluation, and giving references about the necessity of early intervention. There were seven participants out of a possible 13. They specified the psychoanalytic understanding of the purpose of such parent-toddler groups (p. 275). The existential import is underpinned by this and the research question is underpinned by the belief that early intervention is crucial for later good mental health and that good parenting needs support.

The higher level themes are reasons for coming and aspects of experience in the group, the lower level themes are the setting of the toddler groups, what it was like as a parent coming to these groups and how the parents felt the toddlers themselves experienced coming. There is a

deconstruction of the researcher's reflexivity and inevitable bias (p. 278). The paper states that "in order to learn about the participant's psychological world, the researcher has to try and 'get inside' the respondent's meanings and at the same time has to engage in an interpretative relationship with the data" (p. 278). This explicit and concise explanation makes no apology for the psychoanalytic credentials which underpin the analysis of the data. There is however an explanation (p. 279) of how they used cross-checking, audit and inter-researcher reliability to evidence the movement from description to meaning making.

Three years later there was an unpublished doctorate (Nolan, 2011) which was found by following up the author who co-authored another paper (Wagstaff et al., 2014). The author worked in the post-acute rehabilitation centre in the spinal injury unit in Ireland as a psychologist; she was also a psychoanalytic practitioner. She set the scene for the motivation of the research by referring to her lived experience of the work, being told repeatedly, "but you don't know what it's really like" (p. 11). She also wanted access to quality patient data to inform and improve the discharge process. She interviewed five men, using semi-structured interviews. The themes were: continuity and change of self; learning to manage an altered body; and from catastrophe to challenge. The author's reflexivity is embedded throughout the thesis, and she used it as part of understanding meaning and to develop ideas about existential import. She evaluated responses to direct questions and what were powerful and significant words and striking imagery. She noted when a strong sense permeated the interview and where there were contrasting tones. She also analysed the data looking at timing - what emerged when in the interview, incongruities, and repeated words and phrases. Additionally, there is also a systematic review of other qualitative studies in this area, and there was some triangulation in discussions with colleagues.

To evidence the existential import of the material, she used a combination of "appraisal" (p. 102) i.e. what the participants made of the experience and what the researcher felt was most impactful in the material. Previous literature and theory also provided some confirmation, as did the participants' clearly stated beliefs. The sections on reflexivity are illuminating.

The author, quoting other writers in the field, indicated that interpreting material and assessing what is relevant or irrelevant is very much a subjective matter and that it is a difficult process to evidence (p. 50). She then went on to critically examine IPA, noting that what had first drawn her to the method - "its structured approach to the analysis of data" (p. 51) - had at times become a constraint, and she felt she was in danger of losing the individual meanings of the participants' stories and was trying instead to somehow link things and make some homogeneity where there perhaps was none, or insufficient. She also referred several times (e.g. p. 112) to her background in psychoanalytic thinking, but did not describe how she used this. She used the term "reflexivity" as a description of what she understood and experienced and how this had informed her conclusions. In the reading of the paper, however, the author is not always specific about her use of countertransference, even though this is implied. For example, quoting from her research diary, the author noted that she "felt strongly there was an overriding theme of importance to each individual which needed to be named" (p. 56). This example is one of many which implies the researcher's understanding and use of what is evoked in them by the subject - countertransference.

The following year there was another paper published using the weekly parent-toddler group at the Anna Freud Centre (Holmes, 2012). There were six toddlers, their parent (usually the mother) and two staff in the group. The group was routinely videoed and the researcher used the videos; he was not part of the group. The conclusions were looked at by other child psychotherapists to offer triangulation. The paper starts with a discussion of the link between eating behaviour and attachment, and links this with psychoanalytic thinking. The author included some theoretical references and concluded with implications for psychopathology and an examination of the therapeutic elements of this kind of parent-toddler group. He described how he did the theme extraction in some detail (p. 42), noting that in transcribing, reading and rereading the observations he came to identify the themes. He noted "interesting and significant episodes" and developed phrases which encapsulated the "essential quality" of the specific observation.

To identify the existential meaning of both eating and table behaviour to the mothers and toddlers, he used his countertransference as the central

data, and has a whole section on this (p. 46). The themes were: snack time as an affective experience; battles for autonomy at snack time; and snack time as a period for observation and learning. The author described how he concentrated on “observer countertransference” to draw out the event boundaries, individual significant and/or interesting events, paraphrases of descriptions, broad inferences and possible meaning of behaviours from the data. The extracts from the transcribed observations including his affective responses are sensitive descriptions of what he heard, saw and felt and are convincing and evocative. These experiences led the researcher to develop the theme of snack time as an affective experience. The author writes a proviso that there is no inter-rater reliability, and states three times that “ideally” (p. 50) there would have been more observers.

In 2013 there was a paper published written by two child psychotherapists who worked with social workers in adoption and fostering (Boswell & Cudmore 2013). This was followed in 2017 by another paper using the same research (Boswell & Cudmore, 2017). The first paper is an account of the research; the second paper is more clinically and theoretically based. Both had clear recommendations on the implications for future practice. They had four dyads (adopters and foster parents). They also interviewed the social workers, but had too much material to analyse, although they noted that the social workers’ perspective was always borne in mind. The second paper (2017) described the normal practice in moving children from foster care to their adoptive parents. This second paper gives a lot of theory about attachment, separation and loss, and the impact of separation and loss on children’s development, and also gives the explicit reasons for doing the research: “we became concerned about how quickly children were being moved and how little contact there was with foster carers afterwards” (p. 244).

They used IPA to try to get to the rationale for these practices. They noted as part of their conclusions that there was a joint avoidance of knowledge of the children’s loss in these situations. The first paper spells out how they evidenced the move from description to meaning making, looking for common use of language and particular words, and noting changes of tone. There is an example of this in the second paper (2017), where there was a marked change in language to something less intimate and about “procedures

and plans” (p. 247). They looked for universal agreement in the participants, but also noted where there were sudden expressions of strong emotions. In both papers, reflexivity and countertransference are not specifically mentioned but implied in the section on research findings, and they come through very clearly in the second paper. Otherwise a mixture of strong emotion and theoretical ideas is used to point to possible existential significance.

The research makes particular use of dyads - foster carers and adopters. However, although they refer to some similarities and differences between the two groups, the individual dyads are not compared. This means that the intersubjectivity of the topic, that is their lived experience of moving a child from foster to adoptive care, was not able to be systematically examined and used. This may have been related to the researchers’ available resources. It may also be related to the subject of the research, and the conclusions they reached. The very high emotions they noted which were involved in the process of placing children meant that the children’s feelings and experiences could not always be thought about. This may have made it difficult to use the dyads of foster carer and adopter (both relating to the same child) in direct comparison. Nevertheless, their conclusions are well-argued with a mixture of convincing and illuminating theory and the results of the research. They show that there is an avoidance of knowledge of the children’s loss and the need to help them with it when they are moved and their attachment patterns are disrupted.

A paper by Haskayne, Larkin, & Hirschfield, (2014) was written by two clinicians and an IPA specialist. It explores the concept of therapeutic rupture and how this is experienced by both clinician and client. The authors used IPA to examine and draw implications. The sample was four clients and their therapists, and they used the comparisons between them as part of evidencing the meaning making and the move to existential import. As the process developed, they were able to examine the differences and similarities in each individual dyad as well as between the therapist and client groups. They also used regular discussions between themselves and an IPA research group.

This is set out in a table with the stages of “process and procedure”. Reading and rereading of transcripts and listening to the recordings was

followed by “systematic, line-by-line coding of the experiential claims, concerns and understandings” (p. 74). They noted that the study has “a psychodynamic emphasis” (p. 70) and also explain the issues of the differences between IPA and psychoanalytic thinking: “IPA and psychodynamic interpretations are two different epistemological perspectives. The psychodynamic position explores beyond the text and draws on theory, while IPA remains inside and grounded in the text” (p. 71). In doing this, they noted that the IPA detailed study of text is completely congruent with a psychodynamic way of approaching material.

In the discussion section, relevant psychoanalytic concepts were explored. There were four themes: client’s experience of the danger of emotional experience (negative emotion as dangerous); accounts of the discovery during therapy being a difficult and gradual experience (therapeutic discovery, gradual and hard work, to and fro); the experience of the hurdles within the therapeutic relationship (the struggle, not knowing, control and power); and connection (the positive connection, emotional sensitivity, shining a light). Once they had identified themes and meanings, they linked these with the psychoanalytic concepts, saying that the findings indicated these particular theoretical concepts (p. 81). In the body of the paper it is the second description which is used to head each section. The reasons for this are not explained but it is likely that this is related to the constraints of the two epistemologies - the second description being more related to a psychoanalytic/psychodynamic way of conceptualising the issue, and the first more related to the lived experience of the participants. For example, the subjects indicated their feelings that emotional experiences were dangerous; “it felt like a bomb had gone off” (p. 75) was an extract used to show this. The bracketed theme, negative emotion as dangerous, contains an extension: the researchers have ascribed a quality to the emotion, which presumably comes both from their intersubjective experience of and with the participant, and their theoretical and epistemological positions. In the third theme, the experience of hurdles, this can be seen in a similar way; the introduction of the terms “control and power” come from the researchers and their interpretations of the data. They used an extract where the client said the therapist “was like a teacher. Like a bit patronising” (p. 78) to evidence their conclusions about this

struggle. Again, there are other possible interpretations of this material; for example, a narrative of shame and humiliation could be argued as central to this particular extract.

There is a gap of three years in the available papers and three papers were published in 2017 including that by Boswell and Cudmore discussed above. One is a German study from an outpatient psychotherapy service for young people (Weitkamp et al., 2017). Of 13 young people, aged 15-19, who had a diagnosis of depression, six agreed to take part and in the clinical judgement of the team their participation would not be harmful. The authors introduced the field and the concepts, noting that expectations affect outcomes, and finished with some suggestions for clinicians working with this group (p. 103). There were four themes, present in all interviews, which were: not knowing, but being cautiously hopeful; therapy as a long and difficult process; therapy as a place to understand oneself and develop; and the importance of the professional and interpersonal skills of the therapist. The paper describes how the authors used cross-checking and audit to confirm the findings of the researcher about the meanings of the description.

The question of confirmation bias is not discussed, which is something common to all these papers. As described by Smith (2011a), a central requirement of a satisfactory IPA study is that the themes apply to all or most of the participants. It appears that this might have led to the researchers, or researcher and auditor(s), working to agree with each other. These authors described their process for dealing with disagreements. They “discussed the relevant themes with a focus on the interviewee’s account to ensure grounding”. This is followed in the paper by the statement that “generally, there was agreement” (Weitkamp et al., 2017, p. 96). This indicates that they did require agreement, and that the lived experience of the subject, the data, was used to settle disagreements. In research terms, going back to the data to confirm findings is authoritative, but does not really face the question of in whose interpretation the data is understood. However, they noted how both the researchers and the participants were “surprised” about the level of disclosure (p. 103), which indicates some mobility which could balance possible confirmation bias. They also made reference to what was not talked about (p. 101), which fits with the psychoanalytic theory base where there is

room for thoughts and speculation about what might be too difficult to talk about, rather than what is not important enough to talk about.

It is hard to say how the movement from meaning making to existential import is evidenced. There is a small amount of theory and references to other contributions in the field but there is nothing about how the researcher is embedded. A possible criticism is that the themes seem to have been put together by the researchers from their preconceptions about what is important and the researchers used the words of the participants to illustrate these. There is nothing about either a discourse analysis (e.g. how many words were repeated, etc.), or the preconceptions of the researchers. The assertions of the authors are central to the meaning making of the research and the themes they extrapolated. They noted that “each researcher kept his/her own phrasing of the themes and created superordinate themes independently” (p. 96). They then combined these superordinate themes to create the final themes and discussed these with each other to reach agreement. There is nothing explicit about how the individual researchers reached their conclusions.

The final paper (Donachy, 2017) describes research done by a child psychotherapist working in a fostering and adoption service who studied foster placements which broke down where the children were under 5. There were six foster carers interviewed, using semi-structured interviews. Their social workers and the child’s social workers were also interviewed and used for triangulation and reference. The paper gives a coherent account of the relevant psychoanalytic theories and describes IPA emphasising its importance in offering an account of “how people make sense of their personal experiences and with the meanings of those experiences” (p. 224). The author then goes on to describe countertransference in more detail, also referencing Hollway and Jefferson’s (2000) Free Association Narrative Interview [FANI] method of interviewing (Donachy, 2017, p. 225). The conclusion is that “the experience of providing care [for such children] had a significant unsettling impact on the internal worlds of the foster carers” and that “unconscious processes were shown to cast a significant influence” (p. 239) on how the families and the social workers managed with the children.

There is only one theme described in detail, and it was found in all the participants - the loss of a sense of self. There were three sub-themes, which were: uninvited identifications; uncertainty and confusion; and the importance of loss. The author described IPA without including anything about the researcher's reflexivity, but described countertransference and its use in both interviewing and then understanding the data. She had not tried to fully integrate the two methods (psychoanalysis and IPA) but held them side by side and used her own emotional responses, including her countertransference, to evidence her conclusions about the existential import. For example, she noted that she "became identified with an inadequate, withholding therapist" (Donachy, 2017, p. 237) and linked this with the feelings the foster carers had found it impossible to bear, and which were generated by the children's unconscious communication of what they had experienced and suffered previously. In the clinical use of countertransference, this is quite a usual, albeit sophisticated, method of casting light on what may be centrally important in a communication, as well as what may be avoided. What is refreshing about this very recent paper is that the author uses this as data in itself; this is how she has extrapolated what is of central importance, and from which she can draw conclusions.

Discussion

The papers examined cover 14 years from 2003 to 2017. Three years had more than one paper; there are four papers in 2017 (including my paper where IPA is referenced - McGregor Hepburn, 2017). Most years have produced one or no papers. The ways the authors have shown how they have understood the making of meaning in the extrapolation of the themes, and how they have reached conclusions about the existential import of the data falls into three main areas: commonality, where the themes present in all or most of the participants; triangulation, where the researcher tries to get a different perspective on the subject by looking at other ways of considering the material and using others' perspectives on it; and reflexivity. The movement from gathering data to meaning making and from this to what the researchers considered the central and most important conclusions is evidenced through these three main lenses.

The detailed analysis of the actual transcripts is not much included except to offer excerpts which illustrate the identified themes. There are some references to repeated words or strongly expressed feelings, but overall the way of making meaning is shown to be co-constructed and including the researchers' emotional responses and feelings about what was important. The unpublished doctorate (Nolan, 2011) contains more of this information. The use of theory is not much used to evidence the themes and conclusions. The IPA requirement to keep the theory as far as possible in abeyance until the final stages of analysis seems to be shown in the way the papers are written. The earliest paper (Reid, 2003) included her theoretical position as part of how she constructed meanings and extracted themes, but the later papers have not included much of this information.

Three areas of evidence

1) Commonality

One way used in every paper to show evidence of the identified themes is commonality. This is part of how Smith (2011a) assessed the robustness of IPA papers. However, in his reply to responses to the paper (2011b) he also acknowledged that one particularly apposite comment can illuminate the central themes. Themes which are common to all the participants obviously are powerful and carry convincing weight. However, commonality in most areas of human experience is what might be reasonably expected, and leaving out material which does not fit into the themes because it is not common to all or most of the participants risks actually missing what is of central importance in the topic and which was, for whatever reasons, not able to be articulated. Existential import could be taken from the commonality of meaning, but other kinds of evidence need to be available. I also looked for examples of direct speech and enacted or otherwise vivid scenes; as noted by James, Pilnick, Hall and Collins (2016), these are possible indicators of what is most important to the interviewee. I then looked at whether these concerned common areas and themes.

The other way I tried to mitigate the risks associated with commonality and confirmation bias has, I suggest, been the richest. It has been to use the

dyads, observed and observer, and directly compare them, looking for what was congruent and what was different between the pairs as well as across the participant group. This was intended partly to look at the question about what was left out of a participant's narrative and/or what was experienced differently. Without the use of other methods of verification, to reach any suggestions about what may have been left out is not possible; noting that no one commented on a difficulty the researcher might expect to find requires that the researcher has used other methods to have an idea of what they might expect to find. Using the dyads to look at where they agreed with each other and where they differed - things which were not common and which had been omitted or contradicted by one of the pair - could provide a space where something which was of meaning and existential important but which was difficult to approach or think about could appear.

In three of the papers, mention is made of what is left out, and speculations included about why this may have been (Barone Chapman, 2007; Donachy, 2017; Nolan, 2011). Clearly, there is room for understanding meaning and importance which does not include repetition and evidence in the spoken texts of the interviews. Reid (2003) noted that the four themes identified were common to the three participants. In all the papers, the themes were what one might imagine a reasonably insightful person would find unremarkable. Other examples can be found in Barone Chapman (2007) and Holmes (2012).

Although research is important to either verify or rule out hypotheses and to look at whether what is a philosophy of life or a strongly held belief is borne out by research, these themes themselves do not seem to add much to the understanding of the lived experiences of the participants and what meaning they have made of them. Without other input and evidence, the fact that a theme is common to all participants is not in itself necessarily very illuminating. It risks being bland and obvious, and/or being only half of the story. It also risks the findings being pushed into themes where there is agreement, and any disagreements being discounted. How to overcome this drawback is challenging. The meaning making and issues of central importance which give rise to the themes are inevitably drawn from the intersubjective and co-constructed understandings arrived at by the

researchers in relation to the data and their feelings about it. Therefore, that the identified themes are common is likely also to be inevitable; one or two researchers are looking for things in common from the data, and also looking for things they might expect to find in the circumstances they are investigating. The ability to be surprised by what they found is only mentioned in one paper (Weitkamp et al., 2017). Overcoming the constraints of the requirement to produce common themes, which could then risk producing anodyne findings or suffer from confirmation bias, therefore requires the use of additional methods of evidence and the ability to be surprised by the findings.

2) Triangulation- The use of audit or reference group, and supporting literature

Three of the papers have the same person as one of the authors (Lempen & Midgley, 2006; Midgley & Target, 2005; Midgley et al., 2006). Midgley is also a co-author of Barros et al. (2008) and Weitkamp et al. (2017). Smith is also a co-author of one of the above papers (Midgley et al., 2006), and Larkin is co-author of the paper by Haskayne et al. (2014). These last two are co-authors of the seminal IPA book (Smith, Flowers and Larkin, 2009) which IPA students use. In the Lempen and Midgley paper (2006), they used the “constant comparative method” (Glaser & Strauss, 1967); themes were identified by researchers individually. They also used strong feeling, repeated ideas across participants and disagreements between participants. In all these papers, there is particular reference to audit. This is also present in Bury et al. (2007). Audit in this context, as noted by Smith, Flowers and Larkin (2009), is not synonymous with inter-rater reliability. Inter-rater reliability requires that other raters extract the same themes from the material. Audit consists of showing transcripts to other researchers or experts to see if they find the extracted themes are coherent and congruent with the data.

It is not evident whether the transcripts examined in these papers included the interviewer’s reflexivity. This presumably would depend on whether the audit hoped to remove researcher bias, and therefore to include reflexivity might be thought to influence the person doing the audit. If however the IPA commitment to embed researcher bias is part of this audit process, the researchers’ emotional response would be part of the data. Holmes (2012)

showed the video recordings to professional colleagues and discussed the findings with them to see if they found his conclusions convincing from the evidence and their own knowledge of the participants. All the papers except Reid (2003) refer either to audit, or to a reference group in some way. The least used in the other papers is Donachy (2017), where she described interviewing the family social workers as a triangulation point. All the papers give a scholarly and careful relevant literature review and use psychoanalytic theory to underpin both their aims and conclusions. This is again exemplified in Donachy's paper, where she discussed using several psychoanalytic concepts to help her make sense of the "perplexing and overwhelming" (p. 238) experience of trying to understand the issues aroused in her and the foster carers.

It could be argued that there is an inconsistency in using audit in IPA. If the researcher is indeed embedded in the construction of meaning and brings their own experiences of the research interviews to the analysis of the transcripts, it is hard to see how that can be either replicated by another researcher or verified by them. This is where textual analysis would have more to offer; repeated words and phrases, patterns of silences and other clues available in the text would help to offer verification. This is not much discussed in the papers. Countertransference in itself has not been used to confirm findings since the Reid paper of 2003, although Donachy used it in 2017. Even in these psychoanalytic papers, the authors have not apparently been free to assert the co-construction of meaning based partly on their countertransference, without the meaning having to be validated by another researcher, who - it could be argued - is not really in a position to know definitively.

Showing validity and reliability is a perennial problem in all qualitative research. What these papers appear to show is the difficulty of trying to evidence reliability where the subject matter is emotional and internal and the lived experience of the research is so intersubjective. Donachy's paper (2017) grappled with this most effectively by holding IPA and psychoanalysis in parallel. Early in the paper she wrote about her use of IPA as best fitting what she wanted to achieve, to allow participants to talk about their lived experience in their own way, and to be able to engage in "deeper exploration

of the respondent's experience, including areas of internal experience" (p. 224). She went on to describe being "interested in the additional data gained from an understanding of the countertransference" (p. 225). Her conclusions were evidenced from the use of relevant theoretical concepts which emerged from her countertransference experiences in the interviews.

I suggest the foregoing shows how to use others to validate conclusions and findings in an intersubjective endeavour has many pitfalls. In this research, looking at whether another researcher reached similar conclusions by studying the transcripts would be at best very limited in what it could offer. The point of the depth of meaning found through the IPA method is that it is co-constructed and uses the researcher/interviewer's lived experience as well as the participant's. I did not think that another rater could really quantify or verify my experience and the conclusions I might draw from it. I had thought that respondent validation would be an important area of triangulation, and to this end I sent the participants the transcripts, a request to use their words for a paper I was writing, with an invitation to feedback to me, and lastly a précis of each chapter and my conclusions. I had universal approval and appreciation, but no critical feedback or requests to omit or change anything. In common with the examined papers above, I found the literature review and study offered robust confirmation of the process and the findings.

3) Reflexivity and Countertransference

In the papers the researcher's emotional experience as being central to making of meaning and understanding the existential import of the material is referred to or at least implied in most of the papers considered (see table 2). For example, in Boswell and Cudmore (2013, 2017) the authors noted changes in tone and expressed emotion to show when there was something of particular importance as they experienced the interview and the participants. Examination of this is in most detail in Nolan (2011). Reid's (2003) fourth theme - the mother's relationship with the therapist - is unusual. In the other papers, although it is implied as part of reflexivity, it is not used explicitly except in the paper by Donachy (2017), which is the only one to include the specific use of the countertransference to actually understand

what the participants might be experiencing. In other papers, countertransference seems more to be used as the process of understanding one's own reactions - part of reflexivity - or not expressly discussed.

Conclusions

In all the work on the principles of IPA (e.g. Lyons & Coyle, 2011), researcher reflexivity is prioritised, and this is the central tool used for meaning making and understanding existential import in these papers. What the researcher feels is of importance and significance to the participant is understood by the researcher in the intersubjective arena of the experiences of interviewing the participants and then reading and rereading the transcripts. One paper (Holmes, 2012) wrote about having transcribed the videos he was using himself in order to get closer to the experience of the participants. All the papers gave a critical overview of the literature to show both the wider context and to reinforce the conclusions. Not much is explained about other ways of assessing importance in the papers, this process is largely implied; what is described in them are the various ways the researchers had of validating their findings of the central themes. This involved either submitting the transcripts to other researchers for audit, or discussing the themes with a reference group, or other method of triangulation. The papers which have been London-based, in particular where Smith and/or Midgley have been involved seem to have used audit to verify their findings. The criticisms of IPA specifically, and qualitative research generally, are that they can be liable to say more about the researcher than the researched. It seems that a way of refuting this criticism has been to try and prove that the extrapolated themes are valid by widening the field, either by using other researchers/reference groups, or looking for commonality across all participants.

In the Midgley, Target and Smith papers (Midgley & Target, 2005; Midgley et al., 2006) there are two things which seem particularly relevant to this research process. The first one does not appear in the other papers: it was that they noted the difficulty the participants had in articulating their experiences, even when they had positive feelings about their experience. This echoes what I have noticed in all the research interviews with the observed and the observers, and this is an important area of congruence

between them. These articulate and intelligent participants could not find the words to explain what they had experienced, like the adults interviewed in the Midgley et al. study. There are many possible reasons for this but I think it in part speaks to the ineffability of the deep experiences of being attended to with this particular quality of attention. There is a parallel with good enough mothering; it is what the infant is free to take for granted. Another unusual feature is that they have themes which may not be positive; this is not explored in any of the other papers. A challenge for IPA is that evidencing the movement from description to meaning making and on to extracting existential import inevitably involves interpretation. The researcher's preconceptions and philosophical position are likely to affect which data is selected, and how it is selected and interpreted.

In a detailed examination of these papers the ways of refuting criticism of the qualitative method are not shown to be wholly convincing. For research in the human sciences, everything is subjective and intersubjective and all the explanations in these papers about how the themes have been extrapolated have said little either to explain the underpinnings of the researcher's position or directly assert that what the researcher understands is valid in itself. The ways of using the researcher's emotional responses and the detailed textual analysis aim to produce valid themes which can inform the field and could have implications for future practice. This is clear in all the papers and is convincing and helpful. What is not so convincing is the description and examination of exactly how the researcher's contribution is understood and evaluated. This review has in some way crystallised my criticisms of IPA. I was first drawn to it by its expressed inclusion of the researcher's experiences and understandings, and the use of this as part of validating the findings. The use of reflexivity in IPA is clearly subjective, and this seems to have been a difficult area for the papers examined to thoroughly address. What is extracted as existential import, and what Smith (2011b) refers to as the single individual apposite comment, is based, in the end, on the assumptions of the researchers and what the authors consider are matters of central human concern. In Smith's (2011a) paper about assessment of the quality of IPA papers, this part of the process is not made explicit, much less how to evidence it. The requirement for rigorous reflexivity is central, but this seems

much more focused on the problem of researcher bias and preconceptions about the results of the research than about the researcher's internal experiences and how they are involved in their conclusions.

The argument that working psychoanalytically, with the training involved in learning how to constantly examine one's own position as well as how to use the experience of reverberations from the other, gives a better chance that the findings are as robustly free as possible from the researcher's own view about existential human matters, is not really made in these papers. All the writings refer in some way to what is important, meaningful and impactful, but very little explains how this is judged and assessed. It is implied, and seems to involve a blend of sensitivity and philosophy of life. The conclusions are generally unarguable; they seem to relate to the human condition and to make good sense. The difficulty seems to be how to write findings up in a way which honours psychoanalytic thinking and clinical experience in knowing and understanding countertransferences, whilst at the same time producing something which is acceptable in the research and IPA way of evidencing findings. The papers seem to be trying to integrate two systems of examination which do not fit together quite so well. This may be why I could find relatively few papers. Donachy (2017) seemed to resolve the problem by writing about the systems in parallel. In Reid's (2003) research, the psychoanalytic method in itself was accepted as a valid tool for analysing data. It seems, looking over the papers since then, that this has changed and it has become more of a requirement to show other evidence and methodology to "prove" convincing findings. Obviously, light from other disciplines is essential to help guard against a blinkered approach. The challenge for this research is how to show rigour in both methods without losing the essential value of either.

Overview of Method (See also Process and Findings map at the beginning of chapter 5, p. 94)

1. Select participants.
2. Develop a semi structured interview protocol.
3. Conduct interviews and record them.
4. Transcribe recordings personally, adding reflexivity and other impressions as both had occurred in the interview and when transcribing.
5. Leave in depth analysis of data until all interviews completed.
6. Discuss transcripts with supervisors for triangulation and further possible understandings.
7. Extract from transcripts – look for repeated/similar words, silences and turn-taking, incidences of direct/quoted speech, vivid descriptions and where the dyads had congruences and differences to suggest possible themes.
8. Examine themes using incidents of phrasal breaks and quoted speech.
9. Note reflexivity and countertransference.
10. With data from 7, 8 & 9, extrapolate themes using IPA methodology.
11. Examine themes using psychoanalytic understanding.
12. Extrapolate existential import from where 9, 10 & 11 are congruent.
13. Examine where/ if 9, 10 & 11 differ to consider whether this indicates possible unspoken issues and/or indicates other possible findings.

Chapter 4 - The Research Design and Method.

Background

I ran an infant observation course as outlined in chapter 1. The observation was a required and assessed part of psychoanalytic and psychodynamic psychotherapy training for working with adults. The trainees were given some reading to do each term about infantile development; the seminars discussed these as well as the individual observations in order to help the trainees think about what a normal developmental process was. They were given written guidelines about the setting up and conduct of the observations and an individual account from an observed mother (appendix 6). The observers met me beforehand and we discussed the observer stance, and this continued to be part of the weekly seminars. The observers were advised that they could answer personal questions if they felt it would be rude not to do so, but not volunteer information.

With the infant, the observer's position needed to be respectful of the infant's exploration of the world and them in it; they should not initiate play and contact but should accept and respond appropriately if the infant made gestures towards them. The observers talked a great deal about these matters; they were concerned about how to find the right place for the family without being either too involved or too remote and cold. They were all careful about how much personal information they gave.

Although I was an experienced clinician and psychoanalytic trainer, I had not run infant observation seminars before the course from which the first four participant pairs were drawn. I did have careful and helpful monthly supervision in my role as tutor. How much my inexperience in this role impacted on the observations themselves and my researching of the topic is hard to quantify or even describe. There could have been an argument for using another, more experienced, seminar leader's observations. However, using the particular qualitative method I wanted, which would leave space for the consideration of a psychoanalytic as well as a research perspective, led me to the conclusion that it would be more congruent to use my own experiences as tutor and to embed my reflexivity and countertransference impressions in the analysis of the data. IPA offers the possibility of using the

researcher's reflexivity in the detailed analysis of the data and also notes the double hermeneutic circles involved at all levels of the experience. The carer and infant, observer with both of them, (separately and together), seminar leader and researcher contribute to the whole system. It did not seem possible to remove researcher bias any more than it would have been possible to remove observer involvement in this context, even if this had been desirable.

As part of my psychotherapy registering body, I am involved in assessing trainings nationally. Most of them have a compulsory infant observation as part of the training; if the research indicated that being observed was harmful it would mean that I would be in a position to influence whether they could continue to be used. It could also mean that I would be resistant to such findings. I have therefore paid particular attention to the data analysis through the use of different tools, as well as monitoring my own feelings and reactions to what was emerging and particularly using my supervisors as a point of triangulation. However, if the research indicated ways in which the conduct of the observations could be improved, I am also in a position to influence how they are carried out nationally in the field.

Process Overview.

1] Selecting participants.

The first six observers were all asked if they would be willing to contact their families or if it would be better for me to do so, and whether they would be willing to participate in the research. They all agreed; four out of the six families in the original cohort agreed immediately. I do not know why the other two did not. Both those observers had described a good experience. All of the observer participants came from the course with the people they had observed. The first four were part of a cohort of six; the last one was from a later group. All had finished their observations at least one year before. All of the original observers I researched were in personal therapy/analysis; three of them had a minimum requirement for once weekly and the other three times weekly. I do not know if they were having more, and I did not discern any difference in the reactions and descriptions of the material from any of the

observer participants. In the fifth couple, the observer had had considerable personal analysis in the past but was not in analysis whilst the observation was taking place. All of them had finished the infant observation aspect of their training.

Participants

Code	Gender of baby	Place in family	Psychoanalytic/psychodynamic trainee	Comments	Where interviewed
D1 & O1	Male	3 rd /4 th	Psychodynamic	The family had lost a baby at a few weeks old, and had had a late miscarriage, both before the birth of the older male child aged 7.	D1 Home, O1 office premises
D2 & O2	Male	1 st	Psychodynamic	Observer was in psychoanalytic therapy.	D2 Home, O2 her office
D3 & O3	Male	1 st	Psychodynamic	Observer was in psychoanalytic therapy. Observer had done a previous infant observation elsewhere some years before.	Both at their homes
D4 & O4	Male	1 st	Psychoanalytic	Observer was in psychoanalytic therapy. Mother was pregnant again at the time of the interview.	D4 home O4 neutral place
D5 & O5	Female	1 st	Psychoanalytic	Observer was in psychoanalytic therapy. Mother was a psychologist with knowledge of infant observation and was very articulate about the benefits she had received from participating in it.	D5 home O5 her consulting room

				Observer was not in psychoanalytic therapy although she had been in the past.	
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2] Interview Schedule.

I constructed a semi-structured interview template with the advice of my supervisors. These are in appendix 3. In order to reflect as much as possible, the experience of being observed, I left it open in the research interviews as to who would be present. I did not specifically ask for fathers, although I met one briefly. I interviewed the fifth pair after the bulk of the data had been collected. The observed wrote to her observer afterwards and described what she felt she had gained from the experience; this seemed very clear and similar to what I was beginning to think were the central issues so I applied to extend the sample size. Details of the ethics submission, copies of the communications and are also in appendix 3.

Once I had consent from the participants, I asked where they would like to be interviewed. All the observed invited me into their homes; this was also a reflection of the observations. As the interviews progressed, I realised

that I could tell which had been the observer's usual seat; the mothers indicated this to me verbally and non-verbally: when speaking about the observer, they looked at the same particular chair. The observers were interviewed either at their place of work or other suitable place, with the exception of O3 who invited me to interview her at home.

3] Interviews.

I recorded the interviews with two devices; one recording was destroyed after transcription and one kept in a lockable cabinet. After each interview I made notes as part of my reflexive researcher diary. I chose to do all the transcribing myself. This was a very powerful experience as I was able to immerse myself in the words and also, I could notice and make comments about other aspects of the interview. The non-verbal communication, the tone of voice and my lived experience could be vividly recalled through the careful listening required for me to type what was said and where there were pauses and hesitations. Once the transcripts were complete, I sent copies to the participants.

4] Transcript analysis- audit and triangulation.

Throughout my doctoral journey I have had monthly supervision, after the first year with two supervisors. Together we have looked at the transcripts and discussed the process from both a methodological and a psychoanalytic perspective. This has provided a great deal of the triangulation required to keep a robust frame for the research and to illuminate areas of interest. However, and essentially, this thinking and support is what has enabled me to complete this journey, and has a parallel in the world of the infant who needs so much from the adults around in order to grow and develop. I noticed in the only one of the other Psychoanalytic/IPA papers where respondent validation was referred to (Barros, Kitchen, & Midgley, 2008), the authors noted that "two of the five" responded, both in a positive way (p. 279). The other three did not reply.

The process of auditing, where the transcripts are examined and discussed as to their meaning and the possible existential import, was carried out by my two supervisors with me, and this whole process has been the

central part of the triangulation I have used. I have not tried to use any of these ways to eliminate possible researcher bias but have tried to embed my experiences and to develop my ideas in the light of the previous literature available and the in-depth exploration with my supervisors of my experiences and the possible interpretations of the transcript material. Finally, I have worked at holding on to the possibility of being surprised by the findings. This central possibility is part of triangulation, as well as reflexivity.

5] Transcript analysis using various tools.

These are described in detail in chapters 5, 6 and 7, and shown in process and findings map on P84. Briefly they were -

- 1] IPA, particularly repeated words and researcher reflexivity.
- 2] Reported and quoted speech.
- 3] Silences, turn taking and inter-phrasal breaks.
- 4] Reflexivity and countertransference.
- 5] Congruences and differences in the dyads.
- 6] Psychoanalytic theory and understanding.

Reflexivity and Countertransference.

Kvale (1999) wrote that “rather than searching for a methodology free of human judgement, I understand qualitative interviewing as a human interaction, a craft” (p. 100). Reflexivity does not necessarily explicitly incorporate the unconscious, but arguably could not be rigorous without some acceptance of it. For example, Langdridge (2007) offers ten “fairly basic questions” (p. 59) for the reflexive researcher, which include questions about the researcher’s feeling and motivations. What reflexivity does not explicitly embrace is countertransference, wherein feelings and preoccupations of the subject are communicated unconsciously to the researcher, who is likely to feel them and have some response. Countertransference has become a central tool in psychoanalytic work. Writers discuss the clinician’s response to the patient’s transferences as being generated by the patient and the patient’s unconscious. What the patient needs to have understood and its meaning can be unconsciously communicated to the clinician, whose job it is to understand something about the patient and to keep their own transferences, sometimes

called countertransference neurosis (Racker, 1968), in check. Thus, how the clinician feels and their experience of the encounter is part of the making of meaning in the therapeutic situation. In infant observation, how the observer feels is equally part of how the whole situation can be deconstructed and understood. Part of the work in the infant observation seminars is to try and grapple with where the feelings the observer has might originate from. However, whether an observer is able to say a strong feeling they had was directly related to the feelings of the observed presents a challenge in this context, as in all areas of human interaction.

As much as it could be argued that reflexivity is not concerned with the unconscious, it can also be argued that countertransference is not concerned with what Wilkinson (1988) terms disciplinary reflexivity, or epistemic reflexivity (White, 1997). These are the researcher's critical evaluation of both the research and of the theoretical concepts used. However, this is also part of the countertransference process. Clinicians are required to be in reflective dialogue with their theory base and how it applies to the clinical situation. Where current theory does not adequately explain the clinical phenomena, and current methodology has not resulted in any change, the clinician has to think critically about their theoretical position. In infant observation, the observer is normally also studying psychoanalytic theory and theories about infant development. The observer is also required to think about these reflexively and in a critical way and to try and integrate them with the lived experience of being an observer. The questions identified by Langdridge (2007) as vital for the reflexive researcher are essentially the same kind of questions examined in countertransference. The clinician, as the infant observer, is in regular internal dialogue about these questions. Reflexivity is not synonymous with countertransference but has many features in common.

The creative use of countertransference is both central to making meaning for the psychoanalytic researcher and, as Cartwright (2004) describes it, resonates "with the perennial debates about the complexities of countertransference" (p. 222). It has to be used with caution as there is a basic conflict in the concept of "objective" countertransference. O'Shaughnessy (1994) and Caper (1994), looking at psychoanalytic research data, noted that psychoanalytic work is doubly subjective, although this is not

synonymous with having no objectivity. Kvale (1999) referred to “objectivity, in the sense of *intersubjective agreement*, is a common requirement of research” (p. 103). Hinshelwood (2013) looked at many of the criticisms of psychoanalysis in the research sphere and noted that single case studies have always had scientific validity.

In the context of this research, what would constitute robust data emerges from the words and feelings of the participants, and my responses to this. There is also a backdrop from the theory base and the written and lived experiences of others in this and related fields. What can be claimed as evidence in this way is centrally related both to the data and the researcher’s investment in it. Embedding the researcher is more than a refutation of the problems of researcher bias; it is the central tool of the construction of qualitative evidence. Thus, the conclusions I have been able to draw from this research have begun with the data, and this has been examined with the particular tools of looking at the patterns of speech and silences, incidents of direct speech and reflexivity and countertransference. Using these tools, I aim to show the research trail of how the conclusions have been arrived at.

My training and everyday work is to examine my own reactions to a clinical situation and to be able to think about the degree to which my own preconceptions and personal thoughts are affecting how I am reacting. This is in order to be able to have a sense of what my reactions may say about the preoccupations and dynamics of the people I am working with. Furthermore, noting what happens and if anything changes in relation to my contributions is a central mechanism of how the meanings and their importance are developed and thus co-constructed. This is part of countertransference and is a transferable skill which is developed in observers doing infant observation and which I took into the interviews. Also, as the tutor for these observations I had contact with the observers and knew something about their training experiences as well as hearing what they brought to the seminars about their observations. I have used all this to help construct meaning and draw conclusions.

Chapter 5 - Thematic Findings Using IPA

Process and findings map



Introduction

Making meaning and establishing the existential import of research data in qualitative research is essentially a co-constructed process. The themes, which should emerge from the researcher immersing him/herself in the data, have to be shown to be rooted in the data, but also have to include the researcher's ideas about what is important (Smith, 2011). In this study with the dyads of observer and observed, the observer has given their perspective on the observed experiences. I have looked at what is common between them and what is different in order to add depth and another perspective on what seems of central importance. Specific examination of this is in a later chapter. In this chapter I will look at the data through the IPA method, beginning with what can be seen in the transcripts in the words of the participants. (Examination with examples from transcripts is in appendix 5.)

Repeated words and/or use of similar words

Commonality is partly evidenced by the repeated use of the same or similar words. This tool on its own has limitations: for example, there is nothing to indicate the tone used or how the words resonated with the researcher. However, any claim of validity in qualitative research has to hinge in some way on the commonality of human experience, and a general acceptance of what words usually mean. The IPA method includes looking for repeated use of the same or similar words in individual interviews and across the participants. The rationale for each of these is slightly different, repeated words in individual interviews suggesting a strong feeling in the participants, and repeated words across the participants suggesting a more general theme. I therefore examined each transcript for repeated or similar words (see table 3) and compared the transcripts to see where there was commonality. What emerged I grouped as follows.

"Lovely/ loved"

Although this was not unexpected, these words and similar ones were present to a marked degree in all the interviews. The observed used the words more than the observers in every dyad. The least number of times they

were said explicitly was in dyad 3, and the most use was in dyad 1. The tenor and emotional tone of all the interviews was very positive and warm.

Being “watched/judged” and being “put at ease”

I have connected these two repeated groups of words as I noticed that they often appeared together in the transcripts. Perhaps it should not have been, but the number of words about being watched or judged was a surprise. It might be expected that the observed would be anxious about being judged negatively, and wondering what was being said about them in seminars, but the emotional temperature of the interviews with them was very positive. For example, in dyad 3, the tenor of the interview with the observed and her general demeanour indicated that she felt happy about being observed and confident in her abilities. This impression was echoed by the observer. However, the observed used the words “watching” or “watched” 13 times. For example where I asked if there is anything we could do better, she said

“yeh. Erm, yes, I guess what we spoke about before, knowing a little bit more about what happened with everything she saw...”

Later she asked

“so its not just about the development of the baby?”

I asked if it had made her feel “checked up on”. What followed was an exchange between the three of us (mother, her mother and me) where the health visitor was mentioned as someone for whom you

“want the house to be tidy.”

I noted when transcribing that the use of “checked up on” seemed rather “strong” but that it felt completely congruent and the mother nodded vigorously. In the transcript the ‘turn taking’ of the dialogue then became marked between the three of us.

This theme ran alongside the observer being able to put the observed 'at ease'. For example, in dyad 3 there were four references by the observed; she first referred to how the observer was with her early in the interview, getting to know her, and that she became attached to the baby. Later in the interview, following the above comment about the health visitor, the observed volunteered that she

"probably felt a little bit like that"

and that her observer had put her at her ease, both by her attitude and by sharing something about her own experience. The observer spoke about another experience of infant observation which had not been so successful for her as an observer. I asked whether she thought this had anything to do with her presentation. She went on to describe how she had felt she could approach the observation in a more informal way-

"it did feel like it was a more informal approach, which I think, that really, I think that helped in some way; that would be my personal opinion. But that actually helped not to kind of feel 'oh I should be like a chameleon blending into the wallpaper'- like when she was talking about things, I wouldn't, I wouldn't try and open up the conversation too much but I would respond to her rather than actually trying to close it down."

It was not until a triangulated level of analysis that I put the two strands together: the likelihood that to mitigate the feeling of being watched, which has overtones of a negative judgement, requires that the observer needs to position him/herself in a way which reassures the observed. For example, in dyad 3 the observed explicitly noted that the observer's stance reassured her that she was not going to be watched and judged. She said

"She totally put us at ease... I think it was her attitude and she was like 'you know I just want to come and .. its about me watching and learning about B, not watching you... and if there's anything... you're not happy about, just tell me about it'"

However, the observer position is important to preserve, and is valued by both in different ways - the observer for training and the observed for the interest which is different. This mother noted her observer wanted to know about the baby in a way that other people did not. She said:

“All you want to do is talk about your baby and I think you worry that other people will get sick of hearing it.”

A calm space

This sub-theme emerged through the different levels of transcript analysis, especially when triangulated in discussion with supervisors. For example, in dyad 5 the mother explicitly said that the observation helped her to be calm when she was feeling overwhelmed –

“and that helped me to be calm , for B actually and um cos I think it , all those feelings [laughs] that you [to B] brought; that she’s feeling really overwhelmed, then I was just really overwhelmed, and there was just nowhere for that to go , I was just in a house by myself, I didn’t know anybody at that point really, my husband was at work, so to have someone else there to absorb some of that.. actually was really containing .. I guess it doesn’t make the crying any less [mm] but it just helped me to process it a little bit I think.”

In dyad 4 the observer referred seven times to something like a calm space where, in this busy family who often went away at weekends, they would sit down and have some quiet time for the observation. This came through strongly also in the way the observer talked about it: quietly and thoughtfully with a mellow atmosphere.

Motivation

I thought this would be a more important theme than in practice I found. This relates to my preconception that volunteers agree because on some level they feel they might need help. For example, in dyad 2 the observed

said quite a lot about her motivation for agreeing to take part, the first ones being related to a wish to help and also that she might need help to study. She said she thought it would also be interesting. The last time she talked more about who had suggested her, and I thought she felt pleased and affirmed by this colleague thinking she would be a good subject. I said that the referrer thought she would be a “good mum”; she agreed. The observer also thought the mother was curious and linked the mother’s motivation to agree to her professional interest. All the observed made it clear that they had agreed to be observed to be helpful, either to the person asking them, or in a more general way.

However, it is also possible that these mothers volunteered to help because they had the healthy feeling in a general way that they could use help and support in their role as new mother, and this could override any anxieties they might have about being judged negatively. As noted by Burgess (2005), “it does take a village to raise a child, a mental village as well as a physical one.” (p.279). Hrdy (2009), writing about “allomothers” (p.32), described how mothers know that they need other adults to help them successfully rear their young, and it is this capacity in the group as a whole which means that humans have survived and thrived. She described this as “humankind’s legacy of co-operative breeding” (p.284). Linking with the knowledge that newborns respond to faces, especially when they are being looked at (p.82), she stated that “the desire to psychologically connect with others had to evolve *before* language” (p. 37), and that babies become “increasingly interested in other people’s reactions” (p.114), because it is central and necessary for survival and development to understand how others feel. This helps with the process of learning how to ascribe meaning to one’s own and others’ behaviour. She also noted that “supportive interventions” from allomothers have a huge impact on the infant, even if they only are in contact “every so often” (p. 103).

Obviously, many people in the family and kinship circle around a new baby could and probably do fulfil this allomother role. Indeed, all the mothers in this research described or referred to the involved family networks they had. However, they noted that something about the observer role was different; this was someone whose only role was to be there and be interested

in the baby. Everyone else, however supportive, had other connections and investments, the observer was the only person who had no other 'agenda'. As D3 said-

“when you’re a new mum, I think all you want to do is talk about your baby and I think you worry that other people get sick of hearing it, but O wanted to know absolutely everything and [about] every night.”

Discussion

I think that my reflexivity and countertransference can be said to confirm the impressions that the data gives. However, the making of meaning, and the understanding of what might be central to the participants' lived experiences of the observations has to come from my interpretation of the phenomena I have perceived and how I am able to understand it in the light of my reflexivity and countertransference, and my theoretical position in relation to human growth and development and interpersonal dynamics. What can be evidenced from examining the data through the IPA methodology is that being part of this kind of infant observation, both as the observer or the observed, is a positive and important experience and is usually both thoughtful and interactive. This is reflected and confirmed by the transcript analyses so far described. The possible surprise in the use of words is in the area of being judged. This was marked, although all the observed participants were clear that they had not felt negatively judged by their observer. My interpretation of this is that they expected that they could have felt judged negatively and were anxious about this possibility. The way that material about being reassured or in some way put at ease appeared in the transcripts alongside comments about judgement indicates that the latter is related to the former. This confirms my idea that in order to enable the observed not to feel critically judged, it was necessary for the observer to find a way to put the observed at ease and reassure them. However, too much friendliness, which might be thought to achieve this, was not congruent with what the observed also valued about the experience which was that the observer was someone who observed and did not interact as a friend would do.

The connections between being judged and being put at ease seem related to the whole question of being good enough. I began my doctoral journey feeling confident that I would at least be able to do good interviews. The first shock for me was how difficult I found it. I was very aware that the participants were not coming for help; they were helping me, and I had done a lot of thinking about the need to protect the participants when I was making my application for ethics approval. In clinical work, the therapist is there to assist the patient's researches; in research, the researcher is asking for assistance. In a clinical situation, it is usually appropriate to allow a silence to develop and not to speak immediately, even when, or particularly when, there is some communication of discomfort from the other person. I found this difficult with the research interviews and tended to speak, either reassuringly or to change the subject, when I felt the participant was becoming uncomfortable.

This does have many parallels with the experience of the observers and the observed, both in relation to being observed and in relation to being mothers. This was expressed succinctly in the conversation with the observed mother of dyad 5:

"I, for one, had no idea I was going to find it so hard [laughs loudly] which sounds like a ridiculous thing to say now, but I just don't ... I don't think I had any idea."

Me *"Well, you can't... you can know all about it theoretically ..."*

D5 *"Yeah."*

Me *"...but you can't account for the feeling that you have, can you?"*

D5 *"No."*

Me *"And how you are completely vulnerable to this tiny little creature."*

D5 *"It doesn't matter how clever that you think you are."*

All the observers indicated that they too had been anxious about doing a good observation and not knowing quite how to manage themselves. Like me, they were already experienced professionals but were in an unfamiliar situation and they had to learn how to be within it. Furthermore, however, I think it demonstrates the intersubjective and interpenetrative reality of parent-infant dynamics which are also projected into the observer and then to the

researcher. This aspect of parent-infant relationships has been explored by psychoanalytic writers (for example, Balint, 1937; Winnicott, 1965a). Balint described the primary love relationship, as between infant and their main carer, as a “harmonious interpenetrating mix-up” (1968, p. 66).

This also relates to my experience and the help I had, which is paralleled in the observers’ experiences of their training, where they have seminars to support them in their observer stance and in thinking about what they are seeing. I have drawn heavily on my supervisors in the process of this doctoral journey and they have given me a lot of help. This has of course been the important and central part of the triangulation/audit process required for an acceptable and rigorous IPA study. Furthermore, I think this vital help reflects not only their particular generosity and professional qualities, but also in itself is another example of the reflective process and overlapping hermeneutic circles at work. The infant needs the carers to contain their ordinary anxieties and help them grow and develop. The observer needs the seminar leader and other trainers to help contain their anxieties and to help them develop. I have needed supervisors who have carried out both functions for me in order for me to develop and to complete this doctoral journey. The missing relationship in the above description is the one between the observer and the observed. Looking at these functions - holding, containment and help to develop - it seems likely that the other relationship in the whole process also has these functions within it, and that the observer may offer these to the observed.

How the anxiety about being judged badly is overcome is very important for the proper conduct of the observation, which requires that the participants are taken care of and not unduly disturbed. This is of course also a requirement of research. Without this being sufficiently overcome, robust findings of the research could be imperilled. Equally, the possible benefits of being observed and of being such an observer could be impeded. The congruences indicate that for both observer and observed there was a lot of similar experience, and this is also the case across participants. All found it powerful and important, and from their different perspectives it was meaningful observing the baby and witnessing his/her development. Furthermore, there is evidence that the whole experience facilitated some

important ways of being which all found precious and valuable. I think this relates to the lived experience of something calm and contained which is also in the transcripts and which begins to move into meaning making and existential import.

Conclusions

The repeated words relate to what I have identified from the transcripts and I suggest have tended to the descriptive rather than the interpretative. In the IPA methodology, the two themes of 1) it being a very positive experience and 2) being judged/put at ease were present in all the participants. These 'facts' can be seen in the transcripts. The second two themes, 1) a calm space and 2) motivation, approach research facts, as they include my reflexivity and countertransference and the triangulation/audit work of my supervisors. I suggest that the theme of 'a calm space' is a sub-theme of the being judged/put at ease theme.

Thus, the two main themes, that it was a good experience and that being judged and being put at ease were part of the lived experience, in which being put at ease was in some way necessary to mitigate the fears of being judged critically, can be identified through the use of IPA. They are present in all the participants, and the analysis of the significant words shows their importance by repetition. My reflexivity and countertransference were part of the development of these themes, both from the experience of doing the interviews and then from transcribing them and rereading them, as well as discussing them with my supervisors. The sub-theme of a calm space emerged much more from the triangulation and audit process with the supervisors. The theme of motivation came from my preconceptions and previous writing in the field.

Evidenced in the congruence section, I suggest the way in which the participants told me about difficult things is of particular note: difficult things were prefaced and followed by positive things. I will discuss this in the light of some psychoanalytic theory later, but in this context I think it indicates something profound about the experience of being observed. The very human desire to manage negative things is supported by the observer being a person in whose gaze something positive can be recovered from something difficult.

The transcript analyses noting the use of the repeated positive words show that the observer's presence was experienced positively overall. This particular congruence suggests how this was done - the observer's benign position offered a way of having difficult feelings and of getting back from them by having an external reference point who can be experienced as not judgemental but supportive. This suggestion moves into both meaning making and extrapolating existential import, which will be further examined in the next chapter. It also has links with the psychoanalytic theories about narcissism, particularly the possibility of healthy narcissism, which will also be explored.

Thus, although the themes outlined in this chapter are coherent and believable, and attest to the value of the IPA qualitative research method, I suggest that they do not speak with authority at sufficient depth about the lived experience of the participants and what conclusions and implications may be drawn. The following two chapters look at some of the detail of the data through particular tools which are both qualitative research tools and psychoanalytic ones.

Chapter 6 - Transcript Analysis Using Three Tools

Introduction

In the previous chapter I outlined the possible findings from the transcript analyses using the general IPA methodology. What this level of IPA analysis has not really elucidated is what this lived experience meant to the participants. This can be extrapolated using reflexivity, the use of transference and countertransference and psychoanalytic theory. An IPA criticism of this process could be that there is no evidence - it is a subjective judgement. At the same time, a large part of the IPA method of establishing themes and meaning is to use the researcher's experience. This circularity has led me to look for another tool which could offer a micro-analysis of some of the speech patterns in the transcripts, to look for clarification and possible confirmation or disconfirmation. I found this in some aspects of Conversation Analysis (ten Have, 2007), which states that incidents of direct speech and the pattern of silences suggest areas of import. These tools aim to show the development of extrapolating themes; thus, they are described and considered in order of the level of the analysis they offer in the way I have used them. There is much overlap, and the depth of results is not synonymous with the depth of the tool as I have used it. The uses of direct speech and the pattern of silences are information which is rooted in the data and can be evidenced in the transcripts. As noted by James, Pilnick, Hall and Collins (2016), the use of direct speech and enacted scenes in participant interviews offer more validity of the study findings. In human interaction, such behaviour generally indicates something important and significant is being quoted and evoked. Looking at the pattern of silences begins to approach the co-constructed and intersubjective nature of meaning making in qualitative research. Silences are multi-faceted and can mean as much about the dynamic in the interview at that moment as about the experience and feelings of the participant. Thus, although the silences can be evidenced in the transcripts, without the last tool, use of reflexivity and countertransference, the possible meanings of them cannot be convincingly extrapolated.

Where IPA and psychoanalysis have a particular congruence is in this last tool. Understanding the meaning of the experience being researched

is understood in IPA to centrally involve the researcher's reflexivity. As I have previously noted, reflexivity involves the use of countertransference, but does not expressly utilise what countertransference offers. It can be argued that the use of my reflexivity and countertransference is in part applied to the other two tools, and in my selection of them. In using these tools and applying them with rigour to the data, as well as using my contemporaneous notes and researcher diary, I aim to show that these build up a picture which is evidenced in the data. The tools partly offer validity because of their differences. If they show something similar, this can be convincing evidence.

Conversation Analysis [CA]

I have looked at the data using some aspects of conversation analysis (CA) looking at direct speech and the pattern of silences/pauses in the transcripts. However, as noted by MacLure (2013) in her work on "post-qualitative research" (p. 558), this methodology has its critics in the field of qualitative research. Language is contextual and socially constructed, and, as MacLure argues, can be misunderstood and misleading. MacLure's view as that the best way of eliciting themes is to look for where the material "glows" (p.661) – where what is being expressed captures the attention and emotion of the researcher. This offers an interesting perspective on the intersubjective nature of how themes are arrived at in qualitative research. What "glows" (p.661) for MacLure may well be the same as what stands out for me using my countertransference reactions and thoughts, or to another researcher who is paying attention to what they construe as vivid scenes. Nevertheless, I have continued with these CA tools which have deepened the evidence available for some of the conclusions.

As described by ten Have (2007), conversation analysis studies "the order of talk-in-interaction" and it's "perspective on human interaction is *organisational* and *procedural*" (p. 9). Sacks (1992), as he developed CA, noted that what an utterance might mean depends on its sequential position in the conversation and the immediate context, including pauses and turn-taking. Seedhouse (2004) said that CA does not only study the detail of the co-construction of conversation but shows how patterns of speech are designed to elicit certain responses, and went on to note that "contributions are context-

shaped in that they cannot be adequately understood except by reference to the sequential environment in which they occur and in which the participants design them to occur” (p. 15). CA asserts that most of this dynamic is unspoken and taken for granted; psychoanalytic theory asserts that this process is not only conscious but is also driven by unconscious requirements and internal dynamics. This fits with the IPA understanding that the meanings and themes are elucidated by the interaction with the researcher, who also brings their understandings to the encounter. It is also congruent with the psychoanalytic understanding of the process: that the unconscious communication from the participant to the researcher will affect how the researcher responds and, in this way, hopefully the researcher can enable the participant to explore something at more depth. Also, as noted by Watson (2017), CA shows in detail “how using one word instead of another might shape a conversation” (p. 18). This has relevance not only to the use of repeated words, but words used emphatically and in reported speech. Therefore, for these purposes, these aspects of CA are congruent with the other two methodologies I am using.

Uses of direct speech/reported speech/quoted speech

These descriptions are used interchangeably to describe where someone quotes something that they said or was said to them. In the context of this research, it is generally part of a vivid description (see vivid descriptions in the transcript analyses in appendix 5). By recalling the actual words and using them, the interviewee is momentarily back in the situation and more powerfully communicating an important experience. This lens is described and utilised by many writers and researchers in the field. Holt (1996), looking at storytelling, asserted that reported speech provides evidence. She suggested that the teller uses reported speech to add weight and an implication of objectivity to what they are communicating. Clark and Gerrig (1990) noted how quotations are used to demonstrate something rather than merely describe it. In bringing the interaction alive the speaker is both communicating the experience and taking more ownership of it than would happen if it was a simple report. Stating that “demonstrations depict rather than describe” (p. 767), they suggested this act of depiction is in itself a

way of emphasising the experience and emotionally connecting with the person and/or feeling being quoted. This kind of depiction can operate in several ways - depicting the words, the way in which they are said and the non-verbal accompaniment are all ways in which the quotation is elaborated to make a stronger point. They noted that quotations are also used when something may be indescribable, or when the speaker is absorbed in the experience they are describing. This connects with the topic of this research; the lived experience of being part of such an observation is described by all the participants in positive terms and there are many examples of how absorbing the participants found it. Also, as noted by Manne (2005) and Hollway (2015), there is something essentially ineffable about motherhood and the processes and feelings it invokes.

In her work looking at direct speech, Clift (2006) extended Clark and Gerrig's (1990) findings to show that the use of quotations is also often evidence of an assessment. She stated that something has been agreed upon by the participants in the conversation, and/or the person quoting wishes to assert an assessment. Her meticulous dissection of the speech patterns shows something which is central to the issues of evidence in qualitative research: the patterns in which quoted speech is used are interactive. The use of the direct speech cannot be understood only in the context of what the speaker aimed to communicate. It also has to be understood in what happened before in the conversation and, inevitably then, the feeling tone of the encounter. The psychoanalytic perspective would add the emotions evoked by and brought to the situation by each participant.

Groenewold, Bastiaanse, Nickels, Wieling and Huiskes (2014), in looking at how the use of direct and indirect speech affects the ability of aphasic people to comprehend verbal communication, said: "Direct speech constructions are perceived as more vivid and perceptually engaging than their indirect counterparts" (p. 75). However, they stated that direct speech is not necessarily what is decisive in the point being more easily understood. In their analysis there is a linguistic description, showing that it is related to the patterns of speech and intonations. A psychological explanation might be that the direct speech both attests to the strength of the experience being communicated and is a vehicle of communication for this strength of feeling.

By the use of these quotations the speaker aims to show the importance of their point, and communicates this in the way they use the language and their emotional tone. Groenewold et al, (2014) in looking at how direct and indirect speech affect the ability of aphasic people to comprehend verbal communication stated that direct speech constructions are perceived as more vivid and perceptually engaging than their indirect speech counterparts.

As also noted by Clark and Gerrig (1990), a direct quotation cannot necessarily be taken as a verbatim recollection of what the person being quoted said. Human recall is not exact or infallible (Davidson, 1979). With the psychoanalytic concept of an unconscious mind, it is possible to think about what has been selected to remember. It suggests that what is remembered is connected with what the person recalling has made of the quoted conversation. Thus, quotations can be seen as not so much co-constructed as internally constructed. Tannen (1986) noted that such examples of direct speech are often constructed dialogue, and she described the ways in which patterns of speech, including quotations, are used to establish and maintain unspoken (and a psychoanalytic perspective would indicate unconscious or subconscious) assumptions and desires (Tannen, 1993). She asserted that these patterns of speech maintain social structures and give clues to the dynamics of dominance at play in the encounter as well as the wider context.

There are many points here illuminated by Tannen which cannot be explored within this thesis. For example, her work on gender differences could illuminate something about the fact that, apart from one brief meeting, in the research interviews I only met the mothers, who were the main carers. The observers were also all women. Four out of the five babies were boys. I have not investigated how all this, including the fact that I am also a woman, as were my supervisors, might affect what was said, and how much the observer was quoted. In this research I was very aware of a particular power balance in that these participants were helping me. However, to assume that this is the only power balance at play would be naïve. I had been a tutor for the observers, and this of itself would indicate a power differential. The work of Manne (2005) and Hollway (2015) indicate that there is a power imbalance in our culture in relation to the role of mothers and their lower place in society.

However, I think that the greatest power differential with potential meaning in this context is that infants are both powerless and at the same time can exert tremendous power over adults in their lives. It is likely that the examples of direct speech in the transcripts have other meanings as well as the ones I am ascribing to them. However, there is nothing in the foregoing examination of some of the relevant literature in this area to contradict the assertion that the use of quotations and direct speech is powerful and meaningful. In the experience of doing the interviews, and then transcribing them, this was my lived experience. These felt like moments of real emotional import, and therefore were important to examine in more detail.

Transcript analysis looking at direct speech/quotations/reported speech

In the interviews, there were many examples of direct speech, some where they quoted things the other member of the dyad had said to them (see table 3). In an example from dyad 3, the most vivid use of direct speech from the observed relayed what the observer had said to her. When I asked the observed if anyone knew about her being observed, she replied:

“ ... erm ... well [2 secs pause] ... my sister, she was here once, when B was really little, she came when he was first born; he was like three weeks when she went home, you know, he was really tiny, she was here when O came one time, and she just found the whole thing completely weird ... just ‘I don’t know why you would do it’.”

Here the observed’s mother joined in the conversation from the other side of the room, and I asked her if she had any thoughts about the observation. She replied:

“er ... I just thought it was a good thing to do... I’ve been listening to everything you’ve been saying and I quite agree, just making you more aware of the bairn’s development; things you might not have noticed O pointed out ...and you, oh yes, he is doing that.”

The observed said:

“Yes, that was it, you see” and her mother then said “like looking at his hands and things, you might not even notice he’s doing that.”

A few lines later, the observed said:

“Over the Christmas, like obviously we didn’t get together because it was so busy and everything and then she came back, and she’s like - I can’t remember what it was ‘oh he wasn’t doing that, he was doing this, this and this’ and I’d be like ‘oh, OK, yeah’ (laughs) ahha with it being so busy, like the Christmas you know, and he’s had some little milestones and we’d missed them! But it was good, you know cos O, she pointed them out it would be like, ‘oh, yeah’” .

I think this example shows meaning made by the observed about why she found the experience valuable. Beginning with the words of her sister, she posed the question of why anyone would agree to be observed in this way. Next, both she and her mother spoke about how having an observer meant they looked more at the baby’s development. The observed began to confirm her mother’s view, and then said that she could not remember what the observer had said. She went on to describe, using words ascribed to the observer, how when the observer came back after a break, she had seen the baby’s development, and had told the mother what she saw. In doing this, the observer also showed that she had had the baby in mind. That the mother momentarily could not remember what the observer had said before she spoke about what the observer had, in effect, remembered, suggests there was significance for her in the issue of remembering. It is important to be remembered, it implies being held in mind.

The use of direct speech here then could confirm the meaning making being co-constructed between the observer and the observed, and then between the observed, her mother and myself as the researcher. The observed gave a reason why being observed was a good thing to do, which was confirmed by her mother. They both noted that being part of the observation made them more aware of the baby’s development and, by implication, more able to enjoy the moments of his “little milestones”. Going

on to describe what the observer said when she came back, using the observer's words, which were accompanied by positive body language and smiles, indicated not only the importance of what the observer saw, but that the mother felt that the observer had kept the baby and his developmental progress in her mind and so could recall it when she saw him again. It suggests that the 'ongoingness' and being kept in mind were meaningful to the observed.

Another example is in dyad 1. There were five uses of direct speech; all but the first were in direct relation to the observer - what would she think about the mother's handling of a fractious baby, how the observer had seen the baby pick up some fluff, and the observer's competitiveness in the seminar about the baby's development. This extract is from the last example, and again was accompanied by a lot of positive facial expression and a warm atmosphere. The mother said:

"She did give little bits away; she did say that the observers got a bit competitive about their babies"

I agreed. She then said:

"And she was laughing, saying 'has B got any teeth yet so I can tell the other observers? It's oh mine's got bottom teeth now, mine's crawling around...'"

Me *"Yes, yes; like Mums do!"*

"Yeah, yeah - I don't think he disappointed her."

The context of this was the mother speaking about her wondering what happened in the infant observation seminars. This example shows something about the mother's pride in her baby, and her delight that the observer could share it. Comparing babies in this context is likely to be partly related to the pleasure of seeing one's baby develop, but also can act as a reassurance that the baby is thriving. This is echoed by the mother's last remark in this extract - that he did not disappoint the observer in meeting his developmental milestones. The word "disappoint" seems to indicate an

anxiety that they (she and the baby) would not be good enough for the observer, as well as a concern that the baby could be seen to be progressing well. The beginning of the extract also suggests something about the mother's idea of what the observer's role was supposed to be. This is where she said "she did give little bits away". The implication here is that the mother thought that the observer was somehow not meant to speak about these matters. This could point to a general question about what is not alright, or what can be allowed.

The use of direct speech could be indicative of a pleasurable and important joint ownership of the baby's achievements, and this extract also suggests interlocking levels of meaning. The mother's evident pride in her baby's development was supported by the observer's sharing it. However, the observer also acted as a kind of system of reassurance, confirming that in relation to the other babies in the group he was doing well. The mother's desire to help, which she spoke about in the beginning of the interview, can be seen in the remark that "he did not disappoint her", but also it could demonstrate an anxiety about what was good enough. This could be reinforced by her opening comment about the observer "giving little bits away". It also can be argued that this process involving "giving little bits away" is connected with the ability to feel supported by and pleased with the observer's involvement; it prefaced the use of direct speech. By giving something, the observer was able to inhabit a place for the mother that meant they could share the baby's achievements. The meaning of the experience for the mother would then relate to the value and support she found in sharing the baby's development and the reassurance about his development and by association her own good mothering.

In the use of this tool, the data from the transcripts, including the examples above, indicate that the experience of being with the observer was a positive and powerful one for the observed. The use of direct speech quoting the observers and about the process of being observed attests to this. The quotations from the observed indicated their appreciation of the observer's interest in the baby, and of their keeping the baby and his/her development in mind. They also suggest that this was a reassurance in itself; the quotations generally did not include the observer saying something

obviously reassuring. This indicates the likelihood of the process being a source of reassurance, rather than the activity of the observer offering this directly.

Another possible meaning of these episodes of direct speech is in the area of being judged negatively and being concerned about not being sufficiently good at mothering. This is congruent with the theme extrapolated from the repeated use of words. It is also congruent with my findings using the reflexivity and countertransference tool (below) and also with psychoanalytic understandings about unconscious phantasies and particularly with the work of Winnicott (1965a) on good enough mothering and the facilitating environment, discussed in chapter 2.

Silences

CA looks at silences as part of what ten Have (2007) calls “the turn-taking machinery” and at silences during a participant’s speech. As part of a conversation, he noted that “moments of non-speech can often be attributed by the participants as someone’s silence” (p. 19). In these interviews I noted this and when I understood that the interviewee in their silence in some way required that I should speak. Although the pattern of silences and turn-taking is observable in the transcripts, making possible meaning from it is multi-layered. The pattern itself is anyway likely to have been dynamically determined by the process of the interview. Speaking face to face, the interviewee and the interviewer are giving each other myriad signals which are usually non-verbal and may not be conscious. As noted by Acheson (2008), “like speech, silence often co-occurs with nonverbal communication”. My sense of the quality of the pauses and silences is also multi-layered and intersubjective. I think the congruence between all three methodologies, IPA, CA and psychoanalysis, confirms that these moments, which include the silences related to turn-taking, are interactive and co-constructed. I think this is explored in other ways in the examination of the data; therefore, I am looking particularly at the moments where there was a pause in the interviewee’s speech and where I did not understand it to be an indicator of the turn-taking requirement.

Looking at pauses during the participant's speech, called "phrasal breaks" by Goodwin (1979) and "intra-turn" pauses by ten Have (2007), CA suggests several possible interpretations. It may be in relation to an assertion from the speaker, perhaps with the expectation that the listener will endorse the assertion. Seedhouse (2004) gave details from transcripts showing that silences within a speech are used to try and elicit a confirmatory or favourable response. It may be a request for attention or a kind of summons, as suggested by Schelgloff (1968). In analysing a transcript, ten Have (2007) postulated that an intra-turn pause was employed as part of the interviewee's endeavour to initiate a repair, indicating that "these are possible 'trouble sources'" (p.186). This "repair initiation" is also described by Seedhouse (2004), who suggested that it denotes the speaker's internal repair process. Firth (1996), in looking at dialogue between people of different languages, stated that the unspoken purpose of these pauses is often to indicate that a "delicate" matter is being discussed or approached. Acheson (2008) described how such pauses can be used to evoke something in the mind of the listener; a form of communication in which the listener is invited to have their own associations. He also noted that "silences are therefore invaluable for successful speech reception (listening comprehension)." He went on to suggest that "silences such as these are best thought of as events" (p. 542).

The psychoanalytic contributions to thinking about silence in the clinical encounter often centre on the clinician's use of silence. It is thought of as being part of facilitating what Winnicott (1989a) called the holding environment, and also of what is called analytic neutrality. The silence is meant to enable the patient to have their own mental pictures and associations, similarly to what is described by Acheson (2008), in order to reach greater depth and range in their associations, rather than being influenced by the clinician's interjections. However, the contributions of infant researchers (e.g. Stern, 1998) have added to the consideration of the possible impact of the clinician's silence. The meaning of the silences within the patient's discourse are intimately connected with the psychoanalytic knowledge about and use of countertransference, in which they are part of what the clinician "tunes in" to. Liegner (1974), in discussing the silent patient, noted that: "Silence serves multiple purposes. In a positive sense,

silence may indicate pleasure, joy, harmony, acceptance, approval, understanding, interest, anticipation, peace; in a negative sense, annoyance, anger, fear, despair, depression, aggression, contempt, disinterest, withdrawal, or absence of emotion” (p. 229). S. Freud, (1959c) said such silences were the product of repression and avoidance. Sabbadini (2013) described the process of examining these silences in part as looking at the meaning of them in relation to the central concerns of the patient which are being in some way avoided.

Thus, the consideration of pauses/silences/delay markers indicates that these are moments of significance. They may be part of the speaker’s internal process but they cannot be understood independently of their context. What the speaker said before and afterwards is central to the possible meanings and existential import which could be extrapolated. However, what the interviewer/listener said previously, and the whole context of the dialogue, is also important in understanding the possible meanings the silence of the speaker is conveying. In my lived experience of doing the interviews I knew that these moment-by-moment events indicated that something had occurred which stopped the flow of the discourse.

Silences - transcript analysis (see table 3).

Overall, there were a very few long silences, and the quality of the pauses was reflective and comfortable. I think this confirmed the importance of the experience and the thoughtfulness with which it was approached and lived by all the participants. I have not used the specifics of these to extrapolate meaning and import, but concentrated on the phrasal breaks to show possible meanings in a different way. A typical pattern can be seen in dyad 3. I experienced that she would tell me sometimes quite a lot in answer to a previous question and when she had finished she would leave a silence and look at me expectantly. This extract (where the short pauses are indicated by an ellipsis) followed my asking if the observed had any ideas of what the baby made of having an observer. She said:

“I don’t think he knew like exactly who she was, but he definitely was like a lot more friendly with her, as if he could sense who she was if

you see what I meanHe felt comfortable around her. I mean ... my sister lives in America, so we would go on holiday, like quite a few times, so every time when we came back and he hadn't seen her for three or four weeks he would still be excited to see her when she came in, so he definitely, he could recognise her, so he knew this was somebody who comes to the house and ..."

Me "... who is interested in him."

"Yeah, that's nice."

There was then a long (24 seconds) silence (line 125), which did not feel uncomfortable. I thought at the time that it was clear to me that she did not have something pressing she wished to say and that she was waiting for me to move on.

This pattern of silences and short pauses suggests that the observed was both thoughtful about what happened and that it had meaning for her. This was the second time she had spoken about her sister and I had the impression that this was an area of sadness; her face showed fleetingly something I would ascribe to a feeling of missing her sister. The pattern of pauses also shows that she was struggling to articulate something, and I prompted her. The 24 seconds of silence after this I think attests to the importance of the feelings and the events the observed described, as well as to my thinking about what she had said. It indicates that happened both during that break and afterwards was significant and meaningful to her. She described it from the baby's point of view; he recognised his observer, even after a break, and was comfortable in her presence. Thinking about this from a psychoanalytic perspective, it could be thought that she was also speaking about her own feelings that she too was pleased to be with the observer, and also glad that the observer had remembered them.

There were seven phrasal breaks. Two of the first four were in the context of her speaking about her sister and family support. In the last three, the first two were concerned with her general anxieties about being at home with a baby. This indicates that the meaning of the experience for the observed was likely to be connected with a feeling of being in the presence of someone who was interested in the baby and kept him in mind, and with

whom the baby felt comfortable. The last two pauses seemed to show something about the value of being observed where there was some anxiety about being at home with a baby.

This general pattern of silences and turn-taking can also be seen with observed 5. There were phrasal breaks contained in the observed's speaking about things that she had to think about and were perhaps difficult. For example, I asked about her experience of being observed.

"erm really good, really positive ... I must, erm the first few times I was quite apprehensive erm ... I think mainly just because [2 seconds pause] I was worried that I was going to be judged or ... especially cos I think [baby makes noise] not knowing O and knowing she's a human being and so she's bound to have her own thoughts and feelings about me and er [3 seconds pause] and I think the first ... certainly the first few months I found, I found being a mum quite hard".

Me *"It is a tough job."*

"And I think at the beginning that was particularly tough just because [2 seconds pause] of being observed by someone I didn't know, that I was finding it hard and I remember there being a few days where I was kind of quite close to tears when she came round [2 seconds pause]."

Another example is from later in the interview.

"... and I think that... especially on those times when I was upset and like she was crying and I couldn't soothe her, having someone else going 'gosh, it feels like there's lots of emotion' and all that kind of stuff actually was really containing for me to hear, to feel kind of held by somebody else in mind I guess."

Me *"Held in mind, yes that's a good ..."*

"... and I think ..."

Me *"... a good way of putting it."*

I think these extracts show how when trying to describe the experience, and in remembering the difficulties surrounding it, the transcript shows

interruptions in the discourse. These pauses could indicate some meaning O5 made of the experience of being observed in that they show not only that something was perhaps difficult and/or complicated to speak about, but also might give clues to what the essentials of these matters might be. She expressed her feelings about the value of being observed, saying she found it helpful to be “held” when she was feeling “overwhelmed”. She also said she felt anxious about the possibility of being critically judged by the observer, which was not in the event what she actually experienced; she began in the first extract by saying it was a “really positive” experience; the more halting discourse came later.

Comments and possible conclusions

In following the patterns of the speech in the transcripts I hoped to evidence some of my conclusions. I think this is partly successful. What can be evidenced from the two sections above is that being part of this kind of infant observation, both as the observer or the observed, is a positive and important experience. Certainly, the moments of direct speech and enacted scenes gave further evidence of this where they involved quoting the other member of the dyad. Following the pattern of phrasal breaks deepens the analysis of what meaning was made of the experiences by the participants can be extrapolated. For the observed it meant something powerful about the baby (and by extension themselves) being remembered and held in mind. It meant the pleasure of sharing the baby’s developmental achievements, which also reassured them that the baby was thriving. It helped them feel held and supported in the difficult moments of being at home and looking after the baby. The examination of direct speech and phrasal breaks deepens the way in which these extrapolated meanings can be looked at through the psychoanalytic lens and can offer confirmation. In particular I think that the descriptions of direct speech being used as part of adding authority to the assertions, and phrasal breaks being used to evoke some experience in the listener, are congruent with a psychoanalytic understanding of transference and countertransference. Similarly, the linguistic analysis of phrasal breaks suggesting that the topic is a delicate or sensitive matter for the speaker also fits with a psychoanalytic understanding. What I think is missing from these

linguistic perspectives is the psychoanalytic understanding that the conversation which is being analysed is unconsciously driven and organised. What CA says does not contradict this, in fact it refers to things being not known and taken for granted. What it does not comment on is why these things might be sensitive or why they need to be communicated through silences and phrasal breaks.

Similarly, what themes and meanings I can find in the transcript analysis need another level of examination and understanding. Without embedding my reflexivity and countertransference, the findings are more descriptive than illuminating about what might be central to the participants' lived experiences of the observations.

Reflexivity and countertransference

Reflexivity and countertransference belong together in the totality of the qualitative researcher's experience. They are less alternative concepts and more different aspects of the same realities and can be seen as offering some triangulation for the understanding of the experiences and of the field. Triangulation however does not fully depict this interpenetrative and interrelated situation. Triangles do indeed contain a space and provide boundaries, but these overlapping perspectives are much more like a prism - triangular faces which have their own coherence and integrity, but only give a new view when put together. Countertransference has its counterpart in transference. Ravitz (2013) asserted that the observer becomes a transference object for the observed mother. This is also asserted in other psychoanalytic writings about infant observation (Coulter, 1991; Crick, 1997).

Examining material and the meaning the researcher makes of it firstly requires the robust examination of researcher reflexivity. In this research, I knew all the observers, and had been the seminar leader for these observations, so I had knowledge of the families involved. I was a new seminar leader with a supervisor, but an experienced trainer who continued to be involved in the further training of the observers. All these facts could have impacted on the data. The observers might not have felt able to decline to participate and the observed might have wanted to show loyalty to their

observer in front of the seminar leader. I might have a bias against anything negative appearing in the findings, and thus unwittingly have steered the interviews towards the more positive opinions. I started the research with some preconceptions. These were that it is a helpful process and that people volunteer because on some level they know they need help. I also have a background in psychoanalytic theory and thinking which means, amongst other things, that I expect there to be unconscious process in every encounter.

How to use reflexivity creatively and not to be driven by it is the challenge of every qualitative researcher. In this situation I have applied my knowledge of all these factors to try and ensure as far as possible that the reflexivity is embedded in the findings, rather than the findings being steered by it. For example, when asking for participants I left the option open to all the trainees, and said I would take the first volunteers whose observed families agreed. There was no need to ask again, or follow anyone up. This could indicate that only those with positive feelings volunteered, so in order to try and mitigate this possible problem I constructed an interview schedule which specifically asked for anything which was difficult or had not gone well; everyone had something to contribute to this general question. However, the overall way in which I monitored this process within myself was both keep hold of the possibility of being surprised, and to use my clinical sensitivity to look for discomfort or difficulty which was not being expressed. Where someone is unhappy but not expressing it, the atmosphere of the conversation is usually strained, and as I transcribed the interviews myself, I was able to be immersed in the whole experience, including the possibly unspoken which I had missed in the interview.

Furthermore, in using my countertransference in the interviews and in my subsequent analysis of them I was not only aiming to be aware of what I bring to the experience, and what I experienced in the process, which is part of reflexivity. I also looked at the ways in which the communications from the participants evoked feelings in me, and sometimes actions, which could indicate the participant's lived experience. This is part of countertransference and could mean that what I might make sense of through countertransference would not necessarily be conscious or fully known to the participant, but could

well be important. This tool is both related to IPA - the centrality of embedding the researcher and their reflexivity in the construction of the themes which indicate meaning and existential import - and to psychoanalytic practice, which utilises the clinician's responses to and about the patient. It is therefore a particularly important tool because it relates to the essence of how the conclusions of the research are reached.

Also, in that the object exists in external reality but is experienced as a creation of the self, it could be that there is a parallel process in which all the participants, not just the infant, are in some way having a subjective object experience, as described by Winnicott (1989a). The mother, the observer, the seminar leader and the researcher all could have vestiges of this in their experience of the observation and research process. The whole process is both an external reality and experience and at the same time appears to have internal significance which is different for each participant. This would mean that the descriptions of the experience would differ, at least to some degree, and that the experience would assume more importance than another experience which was of a similar duration. The subjective object is a developmental tool which requires emotional energy to bring about. This means that it matters to the individual and the individual is intimately connected to the experience. It can also make the external examination of the experience and conclusions drawn from it more difficult. Such a parallel process would also have an impact on the data, how it is collected and used and how I have extrapolated themes and possible existential import. In the research paradigm, this is impossible to quantify. Nevertheless, it can be meaningful. A subjective object exists in external reality as well as internal experience. The internal experience does not materially alter the external reality. Examination of the data, including reflexivity and countertransference but also looking at other sources of evidence should offer some objectivity in this subjective realm.

Reflexivity and countertransference - transcript analysis

An extract from observed 5 and my reflexive notes shows some of the movement of the interview.

“She has half a day with my mum and two and a half days at our local nursery [B made a chatting noise]; oh and O was here for that as well, starting to get her settled in at nursery... for the first week, for the first ... so she shared some of that with me as well, getting her ready [To B]. You like nursery now, don’t you? It’s good fun.”

The baby looked interested, smiled and made a noise- “urg”. There were ten seconds while mum talked gently to B and played with B’s toy with her. B made contented little grunts. B then took the recorder off mum’s top.

“Let me have it. Look, mummy’s wearing it on her top.”

I noticed that the baby resisted this and mum gently took it from her.

Me *“B thinks that’s not where she wants it to be!”*

D5 laughed. B said clearly “Yes!” and then after two seconds got down from mum and went to play.

[to B] *“Is that a little burst of energy then?” [2 seconds pause]*

Me *“So is B the first baby in your family then?”*

“She is, yeah, my brother’s younger than me er and C, my husband’s sister, is younger than him; I know that doesn’t always necessarily make a difference [she laughs] but yeah, we’re the first, she’s the first grandchild and she’s also ... I have grandparents as well, still around, so she’s the first great-grandchild so she’s [she laughs] possibly why [B says “o-oh”] she’s used to getting her own way ... but I guess that’s no bad thing”.

There were four seconds pause and we were both watching B playing.

Me *"No... full of personality!"*

"Yeah, [2 seconds pause], no she's not spoilt..."

My reflexive notes were:

"I remembered the observer telling me about how she noticed that mother introduced the nursery bag and left it for the baby to play with and look at and would tell her what it was for and what would go in it. We both thought this was very sensitively done to prepare the baby for the separation. In the transcribing I also thought about what the observer said the baby would do with the bag, which was often put things into it and take them out of it - a container. Mother's voice in this interaction is particularly warm and full of pride; it felt nice. She then made a slightly wry face as B was taking something off the shelf - as if to imply that she was too used to getting her own way. I smiled and she returned to being proud - no bad thing. I then followed up by confirming – the baby was full of personality! An observer would probably not have confirmed it verbally, but I thought the same thing was happening; the mother was tuned to my reaction and as soon as I smiled she was able to return to being proud of her baby"

I think this example shows the sensitivity required to be an observer in these circumstances, as well as the vulnerability of an ordinary warm and sensitive mother. I noted that as soon as I made a positive comment about the baby, the mother returned to her warm and smiling demeanour and showed pride in her lively baby. I thought not following the mother's lead about her fleeting anxiety that the baby might be too used to getting her own way would have been a little uncomfortable and undermining for the mother; I acted by saying something, but I was also smiling and nodding.

This extract also shows something else about the possible effect of being observed on the observed baby. Baby 5 joined in the interaction a lot, and in this extract she tried to take the recording device from her mother. She was not upset or cross, she did not cry or pull aggressively. I thought she was interested in what we were talking about. When we used the observer's name she often looked up; in lines 452-458, for example, the mum used the observer's name twice. I noted:

"Transcribing, I think B said something like eh eh every time Mum used O's name."

Soon after this the baby was very active. She made another conversational noise and come up to me and said “Jan” quite clearly. I felt pleased and said:

“It’s Jan, you remember my name.”

Mum laughed and the baby pointed at the door. I was not sure what to make of this, and asked the baby:

“Do you want me to go? I’m going soon.”

Mum laughed and the baby shook her head. Mum asked her

“What’s the matter?”

and the baby said “door”, again very clearly, and I repeated it.

D5 “Shall I get the door?”

Baby “Yeah”.

Mum went to the door, saying to the baby

“Do you want to stay here? I can open the door, but there’s nothing out there.”

The baby went to mum and pointed outside the door. I wrote

“I think now she wants to see the observer! They went [used to] go to the door to greet her and we keep using her name.”

Another example from observed 2 shows a similar pattern. The mother had said she was curious about what happened in the seminars and I asked her if she had any thoughts about this.

“I wasn’t quite sure, what kind of things she talked about... I gathered there would be a discussion maybe, that there was [sic] several people in the group and they would be able to compare and contrast how the different children were developing through the weeks and the months. So I think it was more almost like is he developing on the right track, is he keeping up with the milestones he’s supposed to be keeping up with, you know, I think it’s sort of that you know you shouldn’t be comparing them with others... you want to know that there’s nothing to be worrying about, or that you know, he’s doing things around the right sort of time he should be...”

There was a two second pause and she looked at me with what I thought was a hopeful and slightly anxious expression.

Me “Well yes, that’s exactly what happens, there is a group; they each write up some notes after they’ve done their observation and then they take turns to present them ... and then we talk about it ... and yes er the observers do get quite competitive about who’s walking, who’s got teeth...”

[laughing] “My baby’s better than yours!”

I think here I had responded to the mother’s communications, both verbal and non-verbal, and told her about what happened in the seminars. I noted that

“This seemed to have more anxiety attached to it, and I felt a pang for this bright professional woman who did not have much family around her to give her ordinary reassurance. When we both laughed, I noted that “This was a nice moment”.

In this interview the observed baby was present, although he was largely asleep. He had woken up briefly earlier and then woke up again and cried a bit and mum talked to him quietly. He then looked at me. I noted:

“A very sweet little boy woke up and regarded me seriously.”

“Who’s that?”

I looked back at him and said quietly:

“It’s a strange lady...”

Mum laughed. The little boy looked at me again, and then cried a little.

“All right, come on”

and he climbed onto his mother’s lap and leaned on the microphone. She said gently: She said

“All we’ll hear is you crying on the recording, won’t we? Shh.”

The baby cried some more and both of us made reassuring noises.

Me *"It's all right..."*

"You're still tired, aren't you, you can go back to sleep."

The baby snuggled in and went back to sleep. She said *"He's worn himself out running all over and on the climbing frames."*

My notes say:

"I was interested in how she handled this; she was pleased for me to see him but he was her priority; she did not seem unduly perturbed that he was interrupting the recording. I thought it was a nice episode showing both her attunement to him and her healthy narcissistic investment in him."

I asked her about the experience. She said

"Yeah, it was nice to have that er that little bit of time, it was like that's my time to just relax for a while."

I asked how she felt about the ending.

"erm, it was, I was quite sad actually, it was quite a miss to not have that time, I'd got so used to just incorporating her with everything, it was a bit strange that it wasn't happening any more erm, because I said to O that you know if there was ever any follow-up or anything like that you know that she would be ... be more than happy to contact us if she needed, you know, anything else for older children or anything like that and I could help again I'd be more than happy to, so it was, it was a bit strange to realise that this was all ending and it was quite sad, it's like, that's the first year, the most formative first year of his life".

Me *"So it marks his first year too."* She said:

"Yeah it's sort of..... "he's not this little tiny baby any more, you're actually becoming a proper little person, you know, you're over a year so in a way I think it's like well almost, the first year... well it didn't fly by

but almost, because it was er catalogued every week that made it feel as if it was going faster or... Yeah, yeah the end of it was quite sad ...erm I think that was sort of it ...”

My notes were:

She was thoughtful and reflective; I didn't think she was terribly sad but that she was quite aware that she missed the observation and the observer, although couldn't say why. Again she was talking in a reflective way, rather than communicating sadness. There is a parallel here which seemed to stand out, the loss of the observation mirroring the loss of B's babyhood, but both have been good experiences and can come to an end for the next stage of life.

I also asked about her work and we spoke about her work and her childcare arrangements. I wrote:

“I notice that we are back to talking about work again, although all the while she was gently touching and soothing the baby whenever he stirred. I wondered why I had asked this (about the childcare arrangements), aside from keeping the conversation going and showing an interest. I wonder now whether I had a question in mind about whether being observed encouraged using another individual who is interested in the baby's development.”

Looking at her words, the interviewee might be seen as being defensive or feeling criticised. On the recording the conversation is warm and sounds very easy and it could seem like we were two friendly colleagues talking. I think this is an example of countertransference in action. The mother was communicating her way of thinking about the observation - as a professional in an allied field. This evoked a complementary position in me; I talked to her in this way. In a later interview with her observer, I learned that this was also a feature of how the observer experienced the observation and what she thought the observed mother made of it. This could show something which approaches existential import- the essence of being a professional mother at home with a baby and then going back to work is communicated in how she and I spoke to each other, whilst at the same time she was constantly aware of the baby and gently taking care of him.

In the foregoing extracts from both participants I wished to show movement in the interviews and how I used both my reflexivity and my countertransference to think about how to respond to the participants and how I might understand what the experience meant to them, during the interviews and afterwards. In order to offer conclusions which could have some objective merit, therefore, I am using my countertransference as a particular tool to examine the transcripts, as above, but also to look at what it could illuminate about the meaning of the experience and its existential import which might lead to some conclusions.

I have noted earlier my surprise, in analysing the transcripts, at the number of references to being judged in all the observed's' interviews. All of them spoke about other professionals who seemed judging and/or said explicitly that they did not feel judged by the observer. Their demeanour and general positivity towards me and the research seemed to me to confirm this. Also, as seminar leader I was very clear that the observer's job is to observe and not to speculate, judge or pathologise and I felt confident that the observers were able to heed this and be respectful. I have also noted my feelings when I began to do the research interviews. I was not only surprised, I was shocked at how difficult this new role was for me to inhabit and do reasonably well. I kept feeling inadequate to the task which I thought should be well within my capabilities. An extract from my researcher's journal about the first interview shows this.

"I was a bit anxious the night before and got there very early. I wasn't sure of the house and knocked about five minutes before the time at the wrong door."

I also made these notes on the day of finishing transcribing the interview.

"I was surprised to see how much I'd talked; I am used to not saying so much when I'm in a work context. I wondered why I'd said so much; obviously I was anxious and wanted it to go well. I also wonder if it felt very important to give something back to this mum who has had such a difficult time having and keeping her babies; it seemed very important to her to feel that she had done something good and helpful in agreeing to be observed; a gift to the observer, and then to me doing the research. I was also struck in transcribing how many times she said yeah, affirming what I'd said and very engaged with me."

With hindsight, I had spoken too much, and as I did more interviews I was able to say less. However, the anxiety about not being good enough for the task persisted. Sometimes it was focused on the amount of personal information the observed seemed to have about the observer. For example, in the interview with D4 there were eight places where the observed told me some personal information about the observer or referred to her as a friend. I noted:

"I was rather startled at this; observers are advised to keep personal information to a minimum and this is a particularly boundaried observer. At first I felt it was a judgement on my not having been a good seminar leader."

I think this feeling is in a significant part a countertransference. I was having feelings about my task which were communications from the mothers about their struggle with their task. The job of being a parent carries with it a lot of anxiety about failure. Mothers are largely unsupported in the task of bringing up children themselves, and criticised if they stay at home to do it. They are also criticised if the child exhibits problems. I suggest that this is likely to lead to more anxious parenting and a greater tendency to self-blame in the parents. This then was communicated to me in the unconscious realm and made me feel what they felt but were not quite aware of, a fear of not being good enough. I think this was also why there was a lot of use of words around negative judgements in the transcripts.

There are of course various possible explanations for why the anxiety of being judged negatively was such a common feature in what the observed said. One is that they did feel judged in this way, but could not say, so spoke about it in the opposite. Another is that they are generally people who feel judged. A third is that they were expecting to be judged and criticised, and were relieved to find otherwise. This is the explanation that I think is the most convincing and which fits best with my lived experience of hearing their feelings about being observed, as well as the evidence from my countertransference. Psychoanalytic theory also has much to offer in thinking about why mothers in particular might expect to be judged negatively. As well as a possible current external context there is the internal culture of each individual. This includes unconscious aggression. S. Freud (1959d) noted that

human beings have an instinctual and powerful aggressiveness which is particularly stimulated where there is frustration or impingement. Klein (1980) thought aggression was essential for life and development. Later psychoanalytic writers have discussed in depth as to whether this aggression is essentially instinctual or more a reaction to frustration and/or anxiety. Anna Freud (Freud, A., 1989) referred to aggression being, at least in large part, a reaction to overwhelming anxiety. Winnicott (1989b) noted that there is inborn aggression which must vary in intensity according to the individual character. However, he thought aggression is central to development. So although there is not necessarily a consensus in the psychoanalytic field as to the aetiology of this aggression, there is common acceptance of its existence.

On this basis it would be a normal experience for a parent to feel aggression towards their infant who at times is implacable, demanding and ruthless. These feelings are mitigated by positive ones, but also have to be kept as far as possible out of the interaction the parent has with the infant. In psychoanalytic language, these feelings have to be largely repressed. At the same time, the infant is struggling with a mass of aggressive feelings. The infant needs the parent who at the same time is the perceived source of frustration. Together, these can lead to an unconscious system whereby there are repressed bad feelings which can lead to guilt and shame. This can leave the sufferer vulnerable to feeling criticised from outside, whereas in fact the major criticism is internal. This would be one psychoanalytic explanation as to why mothers might be prone to expect criticism about their mothering. They are having an unconscious struggle with their own and their baby's aggression. I think this is also confirmed through my reflexivity and countertransference.

Some of my other understanding about what was important in the experience for the observed was well expressed by observed 5. She said the experience felt "*containing*" for both of them and used the word five more times. In one of her rare uses of direct speech, the observed spoke about feeling someone had "heard" that it had been a "*really difficult week.*" She later said that the observation had helped her tolerate the baby's distress by the fact that her distress was being tolerated in turn. Through this tool of reflexivity and countertransference, I have noted how responsive I was to the

observed's communications, often unspoken and communicated non-verbally, of needing something which was in some way containing. This has also been my lived experience of needing close and careful holding and containing by my supervisors as I have worked at this developmental task of bringing a doctoral 'baby' into being.

Conclusions

The examination of the transcripts using these three tools indicates that some of the meaning of the experiences for the observed is in the area of being supported, helped and contained in the job of being a good parent, and reassured about their fears of not being a good parent. In a parallel way it has a similar meaning for the observers; both helping and supporting the mother-infant pair and getting help and support themselves in their job of training to be a psychotherapist. The experiences are meaningful to them because of these kinds of benefits. Being a parent is a difficult job. Being a baby is difficult too. The task of raising a child to feel good enough and at the same time to have a moral compass and social conscience requires that the child is able to feel secure and to have boundaries. This means that the parents also need security and boundaries. I think the existential import of these lived experiences is intimately connected with these life challenges. How to find the balance as an observer between too much and too little self-disclosure, for example, has a parallel with how to raise a child without too much or too little experience of benign but firm boundaries. How to appreciate and delight in an infant's development without becoming overly indulgent can be helped by the neutral and benign position of the observer, who can also offer a triangulated thinking space. Not being overly indulgent, I suggest, is also supported by feeling good enough for the job in hand.

Examining the transcripts looking for instances of direct speech shows the importance of the experience to the participants, and the connectedness felt by the observed with their observer. Overall, the observed quoted the observer when they said something they found helpful and confirmatory, and the emotional tone of these moments was powerful and vivid. The pattern and quality of the silences indicate that this was an experience which could be thought about and was not suffused with anxiety. However, the pattern also

indicated that there was something ineffable about the experience for both observer and observed. The turn-taking suggests something lively and interactive. Close examination also shows that I would often ask a question or make a comment after a silence. I saw this as part of my responsibility to be an ethical researcher, but it also relates to my countertransference experiences in which I was experiencing the unspoken and probably largely unconscious feelings of the mothers. The anxiety about being good enough was indicated by the repeated use of the words related to being judged. However, it was manifest in me. Thus, I have extrapolated an important meaning in the lived experience of the observed participants, which is that it is hard to feel good enough when bringing up a baby. That this was ameliorated for me by my supervisors suggests that the effect of being observed in this context could be that this anxiety can be ameliorated by being observed in this particular way.

Chapter 7 – Research Findings Using Congruence and Difference.

Introduction

In this final chapter of looking at the transcript analyses I am using the data from the dyads - observer and observed - to further illuminate the possible meaning and existential import of the lived experience of being observed. I am particularly looking at where each member of the individual dyad showed either congruence or difference with the other. I chose to interview the observers to get a deeper and more rounded picture of the experience of the observed. The IPA general requirement that the themes should be present in all, or most, of the participants' data risks missing what is unsaid and may in some way not be able to be said. What is not congruent is also liable to be left out, which could mean that something which is difficult but important is treated as unimportant. Having the dyads and comparing their accounts of the experience is one tool which I suggest could shed further light on the experience and its effects. In the space where a difference might open up, there could be information about what is important but unsaid.

Congruence

Ravitz's (2013) study offers some confirmation and triangulation of the conclusions from this research, particularly in the area of congruence. Ravitz, who also has a psychoanalytic training, emphasised the idea that there is a couple and that only by looking in some way at the experience of both participants - observer and observed - can understanding be extrapolated. The conclusions about the experience of the observed mothers are drawn from the observers' understanding of the transference/countertransference matrix and the textual analysis of their accounts. Ravitz understood the observer-observed dyad to be a couple between whom processes were engendered and enacted, and said that there was a parallel between this couple and the mother-infant couple. He noted that there was a great deal of congruence in many areas between the observed and their observer, particularly in the intensity of the experience and the cathexis to it. I include Ravitz here because, although it was not an IPA study, it is the research I have found which is closest to this one in the use of the observed-observer

dyads and comparing their experiences. Cartwright's work (2004) on the psychoanalytic research interview confirms Ravitz's findings. Implicit in his argument - that the psychoanalytic method can be used to conduct and understand research interviews - is the notion of internal congruence and coherence.

Areas of congruence suggest existential import but also speak to a human need and desire to have inner congruence and to be in accord with others. Looking at quoted speech and phrasal breaks confirms that these linguistic events can denote the need to find agreement between the speakers. It can also denote the need for internal congruence and coherence - an assertion from the speaker about their thoughts. Cartwright (2004) also asserted the need for using transference and countertransference in identifying the core narratives and key issues. This can be said to relate to the need for the researcher to find internal congruence and coherence, and for the need of the researcher-interviewee couple to also find congruence and coherence.

In the use of the dyads in this research, looking at the congruences and differences between their narratives as well as in my reflexivity and countertransference, I am looking at another layer of the human desire for congruence, which relates to feeling understood. The observers and the mothers spent a lot of time together and the observer had to try to find a position which made for a comfortable experience without imperilling the importance of the observer's position. This could stimulate a desire in the observer and the observed to find areas of congruence. I suggest that the need for congruence is confirmed in the investigation of these transcript analyses. Furthermore, the areas of congruence give evidence of what is meaningful and key in the participants' experiences. This indicates that the rare moments of lack of congruence have extra import, not only because they are unusual between the observer- mother pair, but also because they are unusual in a normal and reasonably healthy internal world.

In the transcripts, congruence is often apparent where there are vivid descriptions and quoted speech is used. There is also congruence between the individuals in their pair about what was vivid. To deepen the possible findings, I also looked for what was specifically congruent between the pair of the observer and the observed, across all participants and between the

observer group and the observed group. There are three particular congruences in the content, and one I have called congruence of process.

Three congruences in the data.

All participants let me know how valuable the experience had been for them and how much they had enjoyed it. The tenor of the interviews, the body language and facial expressions and the warmth expressed were unmistakable. Specifically, the marked congruences were:

1) There was a high correlation between all the participants in giving accounts of how they met, and about central facts concerning the family. For example, in dyad 1 both told me about the baby of the family who had died, although the observer told me earlier in the interview. In dyad 3 both told me about the travelling that the family had done.

2) All said they were sad at the ending.

3) All the observed indicated that watching the observer watching the baby was a very important experience. In dyad 1, the observed said it had helped her be much more aware of what the baby did. The observer's account confirms this. In dyad 4 the observed spoke about the observer having a "*neutral*" standpoint and that this was helpful. In dyad 3 both told me how much they had got out of the experience. It was striking that these very articulate women, although of course approaching it from different perspectives, could not find words to express why it had been so important. The observer in dyad 3 used "*er*" seven times in ten lines of dialogue. In ten lines where the observed talked in response to my asking "How did it go?" she paused and used "*er*", "*yeah*" and "*you know*" before ending by saying "*it was enjoyable*".

Congruence of process.

This was where observed and observer described something in similar ways, even though the content was different. For example, in dyad 3, although the accounts of the birth were not the same, the processes of

describing the painful aspects were similar. They both acknowledged the pain, which included accepting it emotionally, and then surrounded it with something more positive. They were both talking about the mother's experience of a rather traumatic birth. In the observed's account, she said she had a straightforward birth, described the painful aspects and then she and her mother said that the baby was fine and he didn't know. When I asked about the birth, I noted that the mother looked pained and I felt that there was a sense of something traumatic. The mother then used the word "*traumatically*". At the end of this sequence there was a five-second pause, and I then returned to her positive experience of being observed. The observer spoke about seeing the baby feeding and referred to their Monday routine, which was pleasant for both of them. She then described her understanding of the birth problems and finished by talking about how well the baby and mother did.

In dyad 4, where there was something painful, they also used a similar way of talking about it. The observer gave an account of a painful time in an observation. In the preceding paragraph she described the baby in glowing terms - "*absolutely gorgeous*", "*adorable*" and "*very smiley*". Following this, she gave the description of a painful time and went on to say the mother sometimes could seem to be in a hurry to move the baby's development on, but that she could also spend time, and we both linked this with the possibility that the observation had offered the mother some space in which to be able to spend time with her baby. The observer was then reminded that the mother would "*save up things*" about the baby's development to tell her. The observed told me a different painful story about the birth trauma and their fears for the newborn baby's health. She said that the observer was "*friendly*" and they got to know each other and returned to the question of the difficult birth. She told me about their very difficult start, where she was clearly still angry and upset. She then spoke about the nurses being very good, and the relief that the baby was soon well and continued to be so.

I think it is significant that not only is there the very human tendency to 'sandwich' bad and painful experiences between something good, there is also a particular use of another person to help get from one state – distress – to another state – being able to manage and remember something positive. I

think this may indicate something profound about the experience of being observed; that the observer is a person in whose gaze something positive can be recovered from something difficult. Psychoanalytic theory has a lot to offer in this area. Wright's (1991) work on gaze and mirroring and Winnicott's (1989b) work on the use of an object is of particular relevance. Wright (1991) describes how the infant can recover themselves when they are in distress, if they can access the benign gaze of the mother. Winnicott (1989a) describes how the infant uses the mother/other/object for what they need it to be, partly in order to regain some equilibrium.

In dyad 2, what stood out was the focus on work and work-related matters. This also happened with the observer: I noted at the beginning that I spoke to the observer as another professional. The observer picked this up and also spoke professionally, and then went on to speak about the observed as a *"practical and pragmatic"* person, which she, the observer was *"not really like"*.

Comments

I suggest that these congruences particularly confirm the first general theme I have extrapolated - of its being a very positive experience. The congruences indicated that it was a good and important experience which helped the observed feel they could pay a particular sort of attention to their baby's development. This could be related to the congruence between the observers and the observed in the observers' remembering the important family details, but also the congruences about how they met and started the relationship. All met during the last stages of the mothers' pregnancies, when it would be expected that an expectant mother would be in the intense phase of primary maternal preoccupation (Winnicott, 1958), yet the mothers all seemed willing and eager to include an observer into this intimate time. This suggests that the mothers in some way felt that the observation was part of the process of late pregnancy and early mothering, rather than an impingement into it.

The congruence of process I suggest offers something at more depth about an aspect of the experience which could be unconscious. The way in which difficult things were talked about showed a pattern. This could be thought to

be related to an identification between the observer and the mother, which would correspond with Ravitz's (2013) findings. It could also be thought of as evidence of a kind of empathy and attunement between the mother and the observer, reflecting the mother-infant activity of mirroring and attunement. I suggest that it also demonstrates a kind of containment, which it can be argued is part of the experience of being observed in this way. It suggests that the process of being observed and being in the presence of the observer as a benign other facilitate the development of some kind of containment. Painful matters are both held safely and are able to be moved on from.

Differences

In analysing the transcripts, I looked for both where there were areas of difference between the individual observer-observed dyads and where there were any incongruent opinions from any of the participants. This includes thinking about what might have been omitted. The psychoanalytic perspective suggests that omissions can be related to what is unconscious, but also what is uncomfortable and has to be defended against. What I might think is omitted is related to my assumptions, which are based on my theoretical position as well as my lived experience and the reflexivity and countertransference the interviews evoked.

1] The baby's reaction to the observer.

In dyad 1, when the observer came back for a visit, the mother said the baby was

"shy at first but he came round really quickly to her"

He was about 18 months old at this time, six months after the end of the observation. I asked if he had remembered her and she thought not, but indicated that she had seemed *"familiar"* to him. Later she twice said:

"He was never shy of her"

In contrast, the observer said:

"The baby never came near me for a whole year"

She also said that he would look “*horrified*” when he first saw her. When she went back for the visit, above, she said he still

“didn’t come anywhere near” her

The observer said that the baby looked at her three times; to show her what he was doing, and once she thought he needed something. Both mother and observer spoke very positively about their experiences together, and in their different ways both were clearly invested in the baby. I thought it possible he was just a cautious and thoughtful character; the observer referred to this later saying she thought he would be “*an observer*”. I thought it is also possible that the mother found it hard to share her baby, although she was glad she did. She and I made references to this and explicitly linked it with her lost babies. I said

“O did say at the beginning that you’d’ lost, lost a son.. so I think it was even more, even more generous of you to then say you would help”.

She replied

“yeh, yeh; ... it means my babies are very special but I think that it was a chance, a chance to show him off as well I suppose in a way”

My initial conclusion was that because of previous losses both the mother and the observer were particularly in touch with issues about loss and this was communicated in this discongruence. I did not think at that point much about what the baby may have been experiencing and possibly communicating. In the later stages of the analysis, I thought it could also be related to the effects of a process of projective identification.

2] Curiosity about what the observer found

The mother in dyad 1 commented on her curiosity over what the observer said about them and what she wrote (lines 95-100, 124-127, and 134-136). This was not mentioned at all by the observer. In dyad 3, the observed indicated that she wished she had known more about what happened to all the information the observer was amassing (lines 175-193,

334-340). The observer thought that the mother did not have very much curiosity about this (lines 787-795). In dyad 4 the observed said that she wished she had known about the outcomes of the observation (lines 177-181). I noted that she was looking at me in a pressing way, so returned to it later in the interview (line 262). The observer did not mention this; I wondered if she felt that as the observed seemed not to keep in mind what the observer was doing there, they would not have curiosity about what she found. This is present in three of the original four observed participants. None of the observers referred to the possibility of the mother's curiosity.

Why the observer is there is connected with the process of training and this involves writing and thinking in an externally focused way about meaning and process. The experience of the observation however is not in the pedagogic realm; it is intersubjective and emotional. Both observer and observed referred to this, as well as indicated it through their attitude to the research and their non-verbal communication in the interviews. For example, D4, when talking about whether the baby had any reaction to being observed, said he would

“say ‘hi’ and then wave ‘bye’ to her like ... I think because obviously he was so young when she started coming he kind of grew up that first year like used to having her there if you see what I mean? [mm] so she was kind of like without meaning it in any, any sort of derogatory way, she was kind of part of the furniture [mm] like you know he didn’t think anything of, you know if she was there.”

These were very typical comments, indicating that the experience was felt, and that the observer became an important part of the furniture. The observers also indicated how important and emotional the experience was. A typical example from my reflective notes from the time of transcribing said: *“A very articulate professional person, the observer was struggling to explain to me why it was a good and helpful experience; paralleling the mothers I had interviewed”*

I think the difficulty in articulation is related to this lack of congruence between the internal, intense and emotional experience for both observed and

observer, and the knowledge that it is part of something external. The way in which this lack of congruence most shows is in the writing and thinking. I suggest that this has existential import not only for meaning found in being part of an infant observation but also in a conflict that parenting involves; the mother has to be utterly present and able to be responsive to her baby whilst at the same time holding the wider world in mind, and mediating it for the infant.

3] Desire for ongoing contact

In dyad 2, the observer was concerned that it was a “*slightly intrusive*” experience for the mother and that she had not suggested they might keep in touch because she felt it would be hard for the mother to say no. She felt that on some level the mother was giving her the message that “*that’s enough, really*”. The observed, however, although not referring to this directly, said that she would be “*more than happy*” to help the observer again, and with any follow-up, and was also very happy to help me with the research. In dyad 3 the observer thought that the mother was relieved at the ending. The mother was clear that she was disappointed and sad. Later in the interview, the observer returned to the mother’s relief. I asked how the observer felt at the end. She spoke about the value of the experience but also about how it was part of moving on with her training and how much time it took for her to do it. In asking, I was responding to the sense that this might contain a projection; that is that the observer saw relief in the mother because she herself was experiencing some relief but did not want to feel that the mother was upset about the ending. This interpretation is based partly on psychoanalytic theory but mostly on the data; the mother was sad at the ending and the observer thought she was relieved. This was an unusual lack of congruence between this observer and the observed, and the observer described some relief herself.

4] Personal information

This was an area which was not congruent between the two groups of observers and observed. The observers did not report being pressed for personal information but the observed seemed to hold on to something

personal about their observer. However, it was not too much; as if they had a sense of what was a useful minimum for them to feel at ease, but also to benefit from having someone in the observer role. This was not present in dyad 5. I think this was because the observed mother already knew what being observed entailed. She was however the only participant who asked to see the observer's final report. There was a particular difference between this observer and the original four, which relates to this general theme. It was of note that the observed in dyad 5 told me very little about her connection with the observer, whereas the observer said that the mother had some indirect personal knowledge about her but never referred to it. This relates to the issue of the need to feel comfortable with the observer, and the observation situation was generally managed by the observed asking for small amounts of personal information and feedback. The observed in dyad 5 did not do this, but used her experience of the observer's way of being to achieve the degree of ease and comfort she needed.

Discussion

Looking at the data through an IPA lens, the most striking lack of congruency would be around the mother's curiosity about what was happening to all the information the observer was getting, and the allied wish to continue to be in touch with the observer. The observer group as a whole did not appear to have the same feelings, or to realise that the mothers might feel they wished to have some ongoing contact and to know more about what the observer did with what they saw. This is confirmed by the findings of Bekos (2007) in her close psychoanalytic examination of three observed mothers' interviews. As the tutor for these infant observations I did not prohibit contact afterwards and left open the possibility of the observed seeing what had been written about them. It seemed that what was being asked for was something less formal and more in the area of feedback.

The issues of feedback and ongoing contact are complex, and possible meanings are opened up in the examination of these differences. In the matter of ongoing contact, it could be thought that perhaps in an ordinary way the observer wanted and needed to get on with their training and move on from the observation, which could result in their not really wanting to continue

to be in touch. However, all the participants communicated the importance of the experience and how powerful it was. In the discussion in this thesis about what exactly was so important, and what the effects might be, the observer's position - neither being a friend, nor a family member, nor a clinician - is pertinent. This could account for why all the original participants did not ask to see anything written at the end but felt the lack of some information in a less formal way. It seems that this special relationship does not readily translate into any other kind of relationship, and the lack of congruence in this area shows that it is very difficult to find the right place to resolve feelings resulting from something precious being over and not being able to be recreated. I think this has a parallel in my research journey; it is a developmental process in which I have had to learn to be both dependent and to be able to not know, and then to slowly relinquish these positions. This is the ongoing human work of development; something has to be lost in order for the next developmental stage to be achieved. This difference shows the human gap between two desires - to grow and change, and to keep what is already there.

Using these differences to illuminate what may be important and largely unspoken, and/or which does not fit with the extrapolated overarching themes, also includes the intersubjective and reflective. There are three particular areas of lack of congruence that offer possible understandings. In the texts in the transcripts of dyad 1 the mother's account of the infant's relationship with the baby was completely at odds with the observer's experience of it. There was a small example of this in dyad 4, where the observer met the family by accident when the child was almost two years old and he hid his face from her. Otherwise, the accounts of the infant's experience of the observer are congruent between the dyads and with each other. Briefly, they generally agreed that the infant was attached to the observer and enjoyed their presence, but was not overly concerned.

Deeper analysis suggests that the difference may point to an area of profound importance, which is in the title of the thesis but not able to be really explored. The effect of being observed on the infant can only be implied and reconstructed through the eyes of others. Knowledge about infantile development and maternal care which comes from the theory base can offer ideas. It is possible that the infants had more of a reaction than either their

carers or their observer saw or indeed wished to see. The work of infant researchers, for example Stern (1998) and Tronick, Adamson, Als and Brazelton (1975), indicate that the infant would have a reaction to being observed. The experiments of Tronick et al. (1975) show that infants have strong reactions to how they are looked at.

It is outside the scope of this research to systematically examine the infant's experience of being observed in this way, but it is impossible to imagine that the infant has no awareness of it. The quality and focus of attention from the observer towards the infant must be perceived by the infant and the disappearance of the observer from their regular visiting time could not go unnoticed. As described by Henry (2007) it is reasonable to assume that the baby must have some knowledge of being observed. I suggest this is confirmed in the interview with the mother of dyad 5. The baby who was now a toddler (aged around 18 months) was present in the interview and appeared to recognise her observer's name, and finally went to the door, hoping, I thought, to see her observer. These two differences therefore could suggest that there is something missing and not said about the effects of being observed on the baby, and their reactions to it. In dyad 1, the baby may have been able to show his mixed feelings about the process during the observation itself. In dyad 4, the baby, also now a toddler as in dyad 5 had not seen his observer for some time and hid his face when they met unexpectedly. This gesture could have many meanings, but it was a distinct action which surprised the observer and which the mother did not mention.

The second lack of congruence which is not present in all the participants is the question of personal information about the observer. There is particular value of having an observer who is not a friend, clinician or member of the family. This position, referred to in the observed transcripts rather obliquely, for instance as the value of watching someone watching the baby being to help the mother watch and see (O1) or having someone with whom to share all the baby's development and about whom they would not have to worry they would get tired of hearing about it (O3), was very important to the observed. It seems that there is a question for the observer about how to conduct observations which stay in this position of observer without either

becoming over-friendly or overly reserved, which could make the observed feel uncomfortable.

The number of times words like judged and judging appeared in the transcripts of the interviews with all the observed, always with some kind of negative connotation, is of note. This seemed not to be congruent either to the feeling tone of the interviews or the way in which I had prepared the observers and endeavoured to carry out the related seminars. I think this is evidence that being observed is likely to bring with it a fear about being judged and being found wanting. Also, of note is my surprise in finding just how prevalent this was in what might be described as ordinary, healthy families.

Furthermore, the connections between being judged and being put at ease seem related to the whole question of being good enough, and the anxiety about this was part of my experience of the process. How the anxiety about being judged badly is overcome is very important for the proper conduct of the observation which requires that the participants are taken care of and not unduly disturbed.

Furthermore, without this being sufficiently overcome, the possible benefits of being observed and of being such an observer could be impeded.

The congruences indicate that for both observer and observed, across participants that it was a powerful and important experience. From their different perspectives it was meaningful observing the baby and witnessing his/her development. It seems that the whole experience facilitated some important ways of being which all found precious and valuable. I think this relates to the lived experience of something calm and contained which is also in the transcripts and the analysis of them which moves into meaning making and finding what might be of existential import. Looking at both the congruences and differences confirms the second of the two themes extrapolated using IPA, that of the fear of being negatively judged and its being ameliorated by being put at ease. The sub-theme of the experience of a calm space adds to possible deeper meanings related to holding and containment and all that they involve.

The differences around the ideas of what the baby made of the experience of being observed is very relevant to the research question of what the effects of being observed in this way might be. Taking Winnicott's

(1958b) view, that the baby largely only exists as part of a mother-and-baby couple, could suggest that the effects of being observed in this way would be felt by the baby only through the effects on the mother. This was the apparent view of both the observers and the observed. It is possible that the incongruences identified, above, suggest that this would not be the only way the observed baby could be affected by being the subject of an observation.

Conclusions

There is evidence from looking at both the congruences and differences which confirms the themes found in both the IPA and examining the data using the three tools described above. These are that it was an important and positive experience, and that there is the fear of being judged negatively, which requires something from the observer to ameliorate this - being put at ease. The areas of lack of congruence around the observer's views about the observed's feelings about the ending, and about the amount of personal information acquired and required, I suggest also confirm the findings leading to the second theme. Furthermore, the differences in my experience I think also confirm this finding. The fear of not being good enough and needing something which helps with this fear in order to progress and develop is a common experience. This links with the desire and need for a positive judgement, which relates to reassurance and the need for the mother to have a healthy investment in her baby. This does not appear in the congruences and differences, but requires consideration as the counterbalance of being judged negatively. The differences around the babies' experiences do not fit fully with either of these themes. Certainly, it is hoped that it was a positive experience for the baby too. However, a more in-depth exploration of the possibilities of the effects on the baby cannot be very much evidenced in the transcripts directly.

The differences between the dyads seem generally to be related to the relationship to the observer and their place in the family. I think however that there is evidence in the analysis of the areas of lack of congruence between participants and in my reflexivity to offer something which contributes to the existential import of the experience of being observed in this way. In the words of observed 3, this theme would be about "*all his little milestones*". The

task of parenting involves both complete attachment and the ability to let go appropriately. This is difficult and challenging, evoking both joy and some regret. The joy is inherent in the ability to appreciate *“all his little milestones”*, and I suggest this evidence indicates that one effect of being observed in this way is that this joy is supported by its being shared with the observer, whose special position is part of the process, and cannot be recreated when the process is finished. Thus, the difference would be indicating ambivalence about this development. The loss involved in transition is both painful and necessary. Winnicott (1989a) said “loss of the mother-figure is surely not pathogenic because of the process of mourning. This would leave out the whole concept of mourning as an achievement” (p. 430). This suggests that the mothers here were both sad about the loss of the baby’s earlier stage and pleased at the baby’s development. I did not think the observed were distressed by the end of the observation, but I think there was a quality of sadness which seems to me to parallel the bittersweet quality of the parent’s experience of watching their baby’s development with delight whilst at the same time knowing it is taking them away. The observer’s apparent obliviousness to this where there was otherwise a high level of congruence would show that this is an area of difficulty, and perhaps the observers were more identified with the infant whose task is to grow and develop.

In conclusion, I suggest that the original themes of it being a good experience and the fear of being judged negatively are confirmed by the examination of the transcripts with this tool of looking at the congruences and differences. Furthermore, I think that the specific examination of the areas of lack of congruence has given another theme which relates to what might be of existential import which is - *“all his little milestones”*- development and loss.

Chapter 8 - Illustrated Psychoanalytic Concepts – Transcript Extracts: Theory and Lived Experience

Introduction.

The term ‘lived experience’ has its roots in the philosophical term used in particular by Dilthey (1907) to differentiate it from ‘scientific’ experience in which interpretation is not a necessary part of understanding. Lived experiences are the way in which the meaning and existential import of the experience is determined (Smith, Flowers and Larkin 2009, van Manen 2016). This Chapter uses the participants’ words to both illustrate the concepts and to offer possible evidence of their validity. The participants described both their experiences and what they made of them; thus, the term ‘lived experience’ is used. At this level of analysis in qualitative research the results can be seen as speculative and selective. The areas and the theories discussed are the ones which emerged most strongly.

Healthy narcissism

As discussed earlier, the concept of healthy narcissism is not new. Any creative activity requires some investment of healthy energy. It can be understood as part of what in Winnicott’s terms would be a good enough emotional environment (1958b, 1965a). It can also be understood as part of primary maternal preoccupation (Winnicott, 1958b). The infant is only able to flourish if the mother is able to narcissistically cathect her infant so that she is invested in her infant’s progress and wellbeing. The mother wants the infant to thrive partly so that she can understand herself to be a good mother. The process also involves gradually allowing the infant to develop his/her own autonomy. Rayner (1991), looking at psychoanalytic writings about self and environment, stated that “the body of opinion of the authors discussed here is unequivocal that environmental, particularly parental, factors are vital for healthy growth” (p. 142). (See also Cohen 2018).

Edgumbe and Burgner (1975) described a “phallic-narcissistic phase” (p.161), which corresponds to the concept of healthy narcissism. This is a normal stage of development, which they said is necessary for moving into the triangular relating required in maturity. It involves the cathecting to and

delighting in the body, and centres they said on the infant's unconscious fantasies about their own and their parents' bodies. This pleasure in the body and motor achievements is a vital building block of development.

In their longitudinal study looking first at 82 parents and later another 60, Leckman, Feldman, Swain and Mayes (2007), found that idealising thoughts about the infant were prevalent. For example, they found that 73% of mothers thought their infant perfect at three months. However, they noted that "too much or too little primary parental preoccupation may be problematic. Too much can lead to obsessive-compulsive like states ... and too little may set the stage for abuse or neglect" (p. 95). Although they used Winnicott's term, what they described was both primary preoccupation and healthy narcissism. They suggested that the parents thinking their infant perfect helped the parents cope with the difficulties inherent in parenting and that an indicator of a healthy parenting situation would be where there was not too little or too much narcissistic investment. This could indicate the value of not only having the state of healthy narcissism supported by an observer, but also having a triangulated position from the observer which helps the parent move out somewhat from their enmeshed position. The observer role could enhance and facilitate the task of keeping narcissism healthy and keeping primary preoccupation in normal bounds.

The observer also needs some healthy narcissistic investment and creative pleasure in their training. Furthermore, infant observation seminar leaders recognise that the observer also comes to have an investment in 'their' baby and 'their' mother and father. In the process of the observation, we might reasonably suggest that there could a feedback loop in which healthy narcissistic investment is helpfully reinforced between the participants. I suggest that what can be seen in infant observation illustrates the concept of healthy narcissism, which is vital to the development of a self which is capable of self-appreciation. This includes being able to appreciate others and being able to accept the appreciation of others, and is more than self-esteem or pleasure in being seen and appreciated. This essential aspect of healthy development is rooted in maternal reverie and is more than an internal event. The mother's reverie is both related to her own healthy narcissism and the wish to enable this to develop in her infant. This is apparent in the research

interviews with the mothers and the observers. The mothers wanted the infants to show the observers their achievements and for the observers to be appreciative of both their good mothering and their infant's growing abilities. Where the mother's healthy narcissism predominates, the observer's quiet appreciation of the baby's development and the mother's good mothering could reinforce the mother's healthy narcissism. In the intersubjectivity of the mother-observer dyad, the observer's appreciation will be implicitly known to the mother. Thus, the observer's presence could both support healthy narcissism and offer a perspective which could help ameliorate the risks associated with the parent having too much narcissistic investment in the infant. There are usually many family members and friends in the life of the mother and her infant who can and do perform such functions. However, there is an argument that the observer does have a particular place and role which is not replicated by any other figure, and that this may offer something slightly more and/or different.

For healthy narcissism to develop in the infant, they need to have experienced a sufficient quantity of this applied to them by the significant people in their lives (Cohen, 2018; Rayner, 1991). Furthermore, this investment also needs to be moderated and at times emerged from to allow the necessary space to facilitate development and growth. I am suggesting that in an observation the mother can be supported in developing and maintaining this necessary capacity to have a healthy narcissistic investment in her baby. This can be helped by some moments of triangulation and observation.

Healthy narcissism and lived experience - "All you want to do is talk about your baby"

An example of healthy narcissistic pleasure can be seen in the following extracts. One mother said:

D3 *"I loved it, I loved it, I loved having somebody coming round who just wanted to know about B ... when you're a new mum, I think all you want to do is talk about your baby and I think you worry that other people get sick of hearing it, but O wanted to know absolutely everything and [about] every night. It would be like 'oh he's done this and he's done this'; I think that was*

the best thing for me. Just getting somebody who was really interested and who wanted to know about it and for me to have the chance to... talk about it."

Another mother said:

D2 *"It ... made it more interesting for me I think ... when I was a bit younger, I probably wouldn't have paid as much attention, but it's ... more of an interest in developing; I still find it really fascinating on how, how you know his speech is developing, how his balance develops and all of those kind of things... it was really ... quite nice for me to have somebody sort of to bounce those kind of things off and that she was coming round every week ... Things like when he was learning to stand up for the first time ... and sometimes I think because I knew he could do things and then he was asleep when she turned up, it was like well he's doing this now ... those little milestones and ... when she first got to see them ... it was quite exciting really...."*

In the first example the mother was very open about how much she enjoyed being observed; it seemed to legitimise her own delight and fascination in her baby. This was confirmed by the observer:

O3 *"I think she did see me as somebody who was interested in her baby ... She had her family very interested in her baby as well, but I think she saw it as ... I'd like to know, that he'd stuck his tongue out for the first time, smiled at his dad for the first time, so I used to get this little update about the week that's just past as well as ... and ideally, I think she used to try and set things up so he'd perform " [I said "could show you"]. "Yes, that he could perform like when he discovered smiling in mirrors ... I think there was something about ... quite rightly, showing off this baby that she's really proud of."*

I think this is confirmed and extended in the second example where the mother showed an investment in giving both her baby and her observer a good experience. The observer said:

O2 *“[She liked] to share things, so things like she was quite eager to tell me she was trying different things when it came to weaning, she was going to do it a particular way.”*

There are other ways of analysing this material, especially the second example. Both could be related to the mothers' desires to show their mothering in the best light, and the observers' corresponding desires to relay to me a successful observation. This could indicate something which was more related to anxiety about being scrutinised and being found not good enough. However, my reflexive experience was that there was not a quality of anxiety in these conversations. Although I have extrapolated a theme from the transcript analyses related to the fear of being judged, I suggest that this is not the key issue in these and other similar conversations with the observed and the observers. I think rather that they illuminate the proposition that this is related to healthy narcissism.

The observer can also offer something which can balance and mediate the narcissistic investment. Something about this begins to be illustrated by the description of D2, above, line 34 - being observed *“made it [baby's development] more interesting”*. Another mother said:

D1 *“One of the things it did for me was to be much more aware of what he was doing in the hour that O was here, so I'd be almost watching her watching him; there would maybe be things you would miss; one of the things was about how much she saw... I watched his development as well.”* (D1, lines 73-81)

The observer's position may help in the complex emotional task of needing to have enough narcissistic investment but not too much. The observer both appreciates the baby's achievements and offers another position from which to look at the baby. As the mother above noted, she *“watched his development as well”*. This could assist the mother in her developmental task of becoming separate enough from the baby to facilitate individuation (Mahler, Pine, & Bergman, 1975). Observing the baby's development could also be helpful when the baby was unhappy. There were examples where

the mothers related how the observer had spoken about the baby when there was a problem, using direct speech. When describing what happened when the baby was screaming and angry, one mother said of her observer:

D4 *“She was just like you know, ‘well obviously, it happens, he’s obviously uncomfortable.’”*

Another mother vividly described a scene where she felt she could get perspective in the observer’s presence.

D5 *“I was really close to tears and I was changing B upstairs and she wouldn’t stop crying and I can’t remember what it was I said, something about feeling really ... cos I’d obviously not wanted to really go into how rubbish I felt, but I think there was something about ‘oh it’s been a really difficult week’, and how containing she was, and me thinking like ‘OK, someone’s heard that’.”*

The above suggest that there is a healthy narcissism which the mothers show in the relationship with their observer; they want the observer to see what the baby can achieve. The process may encourage the mother to look more at her baby, and to legitimise her desire to just sit and watch. The third perspective the observer offers may also assist the mother when the situation is more fraught. There is also something subtly offered which I suggest can support healthy narcissism whilst providing triangulation to mediate it and help it not become too intense. The observer’s obvious consideration of the meaning of the infant’s behaviour, as well as the work they do in seminars to think more widely, although not explicitly discussed with the mother, is likely to be evident in the observer’s stance and attitude. This could provide a kind of ‘breathing space’ for the mother to recover herself enough to see her infant with refreshed eyes.

All this is part of what Winnicott called both good enough mothering and the facilitating environment and is provided and facilitated by many people as well as the mother and other close adults, particularly the father (Reeves, 2013). But, as noted by the observed mothers, the observer is not like anyone

else in the way they interact and relate. I suggest that there is something that the observer position offers which does contribute to the facilitating environment in this area of supporting healthy narcissism and that this is evidenced in the transcripts.

Projective identification

In order to understand more about what might be happening in the most primitive relationship between the infant and his/her primary carer, and so by association what might be being observed and also experienced by an observer, the concept of projective identification is valuable and central. There are three main strands to the unconscious process of projective identification. The first is the evacuative procedure where the projector gets rid of something internal they cannot manage and they experience some relief at this. The second one is that in some way the recipient becomes identified with the quality of this projection. The last strand is the experience of being the recipient of these projections. However, usually the first indicator of a possible projective identification is an unusually strong feeling in the recipient. The observers noted at times they were filled with feelings from the observation which did not seem to solely emanate from them and that these were unusual experiences. These could be projective identifications.

Making a differentiation between projection and projective identification could imply that projective identification in itself is a damaging or unhelpful experience for all concerned, and that it would not occur in good parenting. However, some of this process is necessary for growth and development; the infant has to be helped to overcome feelings of being overwhelmed and learn that such states can be recovered from. It cannot be learned in a detached way; the mother and baby have to experience the strong feeling together and then the mother be seen to recover. This suggests a possible effect of being observed. In experiencing the projective identification, the observer gives the mother a parallel experience of having her state of mind contained. It would not be a parallel experience if the observer did not feel the projection. The mother then could experience the effect of the internal work done by the observer to manage the transmitted projection and its effect as both a model and a more triangulated space which would lend some valuable distance to

the rawness of the feelings. Again, it would be very unlikely that the observer would be the only, or most frequently present, figure in the mother's and baby's lives to contribute to these normal developmental processes. However, as remarked upon by the observed participants, fathers, family and friends have different positions and different investments. The observer is likely to be the only person whose reason for being there is solely to look at the baby.

As noted by Thomson-Salo (2014), observers feel that their presence is both known to and appreciated by the baby. In the many individual accounts of infant observations, the observers comment on the baby's investment in them and their easy acceptance of their interest (for example Henry, 2007). Their evidence for this variously comes from theories about infantile development, neuroscience research and systematic infant research. Their conviction comes from their lived experience of being observers in relation to the baby and watching how the baby develops and relates over time. Trying to establish the veracity of these claims is certainly beyond the scope of this research. There is considerable evidence from infant research available to confirm that even very young infants (from 24 hours old) have awareness and some agency (Stern, 1998; Trevarthen, 1974, and Tronick, 1989). In this research the observed mothers all noted in some way that the baby had been interested in their observer and aware of them. Thus, it is hard to imagine that an infant would have no reaction to and no internal relationship with someone they had seen weekly for the first year of their lives. If this is accepted, then it is also possible to suggest that the observed infant could also be affected directly by the observation in this area, and that such effects could be beneficial. The infant could experience the observer's careful gaze as helpful when they were suffused with strong feelings.

There is an aspect of projective identification which is also particularly relevant; although projective identification often involves negative and difficult feelings, this is not universal. It can happen, as noted by Spillius (2007), that the projector needs to evacuate their positive feelings, usually to protect them from internal or external attack. As these are likely to be altogether less difficult than negative projections, it may not be noticed but it has a vital protective function. If the recipient can take in the projection and identify with it, the projector can also identify the recipient with that positive quality. The

projector can then take back that positive quality when they are under less emotional pressure. It can be argued that this benign system of positive projective identification is at work in healthy narcissism. My argument, arising from the research, is that it is not the same; I would call this process a benign system of mutual projection.

I suggest, as argued by Wright (2009), that if the mother is finely attuned to her infant and invested in him/her with a healthy narcissistic cathexis, she will mostly understand what the infant needs and feels without the infant having to resort to projective identification. The functioning infant and mother are in a system of mutually beneficial projections in which the infant communicates his/her needs and anxieties to the mother, and the mother communicates her reassurance and her need to be a good mother. This is also linked with healthy narcissism. When things are going well, neither party is overwhelmed with feelings and both feel at ease and comfortable. It is only when there is a problem that one of the couple, usually but not always the baby, has to employ projective identification. This suggests that projective identification is a result of a failure in the attunement of the recipient, rather than a completely universal phenomenon.

The terminology itself could be seen as problematic; the word projection implies something evacuative and urgent, where what is being described could perhaps be couched in more mellow terms. Sandler (1993) for example, in his paper where he declared that “not everything is projective identification” (p.1097), described “primary identification” and “unconscious temporary mirroring” (p.2004), which is the way in any human contact human beings automatically tune in and mirror the feeling state of the other. He said that in everyday life, humans have to find ways not to be overwhelmed by this; managing this does not always lead to a process of projective identification but can lead to a more a simple process of mutual “receptivity” (p.2006).

Also, Winnicott did not include this meaning of projective identification in his understanding of human interactions and particularly those between mothers and infants. He described how the mother’s identification with her baby enabled her to provide the facilitating environment (2011c). Looking at Winnicott’s body of work, it seems clear that he knew about the effect humans have on each other, in particular the mother and the baby. The Winnicott I

have 'met' through the in-depth reading for this thesis I think might have been wary of the position which was held by Bion (1961) for example, that everything the clinician, or indeed the mother, feels emanates from the other and is a process of projective identification. (This is also implied in Caldwell and Joyce's (2011) introduction to Winnicott's writing in this area (p.70)). His focus on the couple and their indivisibility and mutual contribution I suggest is not congruent with the position held by Bion and others in the British Kleinian tradition (Spillius et al 2011) who make no real differentiation between projection and projective identification, and consider them ubiquitous. Winnicott (2011c) said that the sense of self can only emerge from "the sense of BEING. This sense of being is something that antedates the idea of being-at-one-with". "The baby and the object *are* one". He said that the term primary identification could describe this state. "Projective and introjective identifications both stem from this place where each is the same as the other" (all p.277). I have used Winnicott's actual words because, as with so much of Winnicott, explaining it in other words makes the meaning less clear.

I suggest that both Winnicott and Sandler show different ways of describing what I am asserting, but that these are different words for what is essentially the same process. What is of importance is not so much the words used as the differentiation between this process and projective identification. However, as noted by Brogan (2018), Winnicott was clear that infancy is a state of extreme emotions. These are also called up in the parents both by the infant and from the parents' own experiences. Rycroft (1968) noted that the literal meaning of the word is "throwing in front of oneself" (p.125). I think it can be argued that the power of the idea of projection matches the energy with which the process has to be conducted; that these essential life requirements have to be cathected and indeed thrown. The essential thing is that they can be caught and metabolised. However, this process is not necessarily the same as projective identification, although, as indicated by Winnicott (2011c, as above), they have their origins in the same very early undifferentiated state of being.

Projective identification and lived experience

I have divided consideration of this concept into three strands, both to better illustrate the points and to hope to make this complex area clearer. These processes are not chronological and do not necessarily operate at the same time or with the same intensity.

First strand - strong feelings - “It came from nowhere - loads of emotion”

Strong feelings of themselves are not necessarily evidence of projective identification. Taken in context with other evidence and processes, however, they can indicate that projective identification could be in operation. There are many examples in the transcripts where the observer spoke of having very strong feelings. In observation 1 the observer noted her feeling at the end of the observation, and the feeling tone in the family as she was there. She had previously noted that towards the ending of the period of observation there had been some sadness evident which she related to the mother returning to work, and then felt that a more contented and optimistic feeling prevailed in the last few observations. Here the observer described the end of the last observation, where the baby was a year old:

O1. *“I’ll never forget the end ... because the impact it had on me [at] the last time ... it was his birthday, his actual first birthday and some family had turned up as well and there was [sic] some presents all over the place, and ... I did feel a bit intruding on that last day, but... then I realised how much I actually meant to her, as well; she was introducing me ... but the way she introduced me ... as I walked out, the first time ever, I touched the baby’s hand; she had hold of him, and I just ... started to cry and ... I hadn’t expected that, it came from nowhere... loads of emotion. And she filled up as well, as I filled up, so did she; she filled up with tears ... So, in that final moment I think was all the kind of emotion of how much it had meant, to me, to her ... and it was just a threesome, in a way, we were all standing close together, it was just ... powerful, and something I didn’t really expect.”*

My initial thoughts were: *‘I think she is describing a projective identification; in a situation of earlier devastating loss, the reverberations of the dead baby are still there in the family.*

The observer seemed to tune in to these very well. I thought she was correct that somehow the experience of being observed helped the mother process what had happened, but the unspoken and unconscious communication between the observer and the mother meant that the end of their time together evoked more loss than might be usual.'

There are many possible explanations about what might be happening in the observer's description. It could have been that the observer was reacting to her own sadness which was evoked by the ending. However, in looking at the observed mother's interview, and this interview, there is more evidence that this could be an example of projective identification. In the interview with the mother, I asked her how she had felt about the ending.

D1 *"I think she had ... more to lose, really, I think to have a baby in your life that much and then for her to suddenly not see him any more, I felt, I felt that that was really big for her ... and obviously I wasn't going to see O but ... just her company for an hour, yeah, I missed that but I think she had more to lose than I did."*

Me *"Yeah, that makes sense."*

She explained more about what the family had done after the observation ended, and then said:

D1 *"It was lovely to do it, I wish I could always do it ... so I didn't miss her over Christmas and New Year, but after that ... when Wednesday came round I was like ... I used to be off on Wednesday ... we had a lovely routine, I'd drop Y off at school and O would come round for an hour and ... I loved that."*

Me *"A really precious day, isn't it?"*

D1 *"Yeah, and O was a big part of that day as well you know, it was like our first hour of the day doing that ..."*

In my remarks to the mother, I think the process can be further discerned. I said to the mother that it made sense that the observer would have more to lose than she did. It does not really make sense in the context of the observer's whole experience and of this as part of her training, but it does

make sense in the mother's context; she did have a baby in her life that she did not see any more. After my response she went on to talk warmly about missing her observer; I responded to the feeling tone by remarking on the preciousness of the day and the mother agreed and noted how much her observer was part of it.

All this can be understood through the lens of a system of projective identifications operating between the mother, the observer and the researcher. The mother had previously lost a baby, which is a tremendous sadness and she could not afford to allow this to dominate her reactions to her new and alive baby. In the unconscious realm, such a feeling has to be dealt with and a healthy individual will project it in such a way so as not to be too offensive to the other or to completely disavow the loss. The mother then would be seeing the observer as sad and having lost something, rather than herself, but would also be able to be sad about the loss of the observer. The observer would experience the sadness as relating to her own experiences, but also this observer is in a position to note that at times she was feeling sadder than her own experiences would indicate when she was with this mother and baby. The researcher can then be tuned in to the sadness, and respond through the next question to both acknowledge this and do something towards mitigating the feelings. I noticed how much I tended to reassure this mother in the interview, which can also be seen in the extracts above; this was partly to do with my inexperience as a researcher but also, I suggest, a function of the same projective identification process.

The general parental feeling of inadequacy when faced with a completely dependent infant who at times cannot be pacified, and the anxiety of not being good enough, is normal; the loss of a baby is likely to intensify this. The observer spoke about her own feelings of inadequacy when her children were babies, noting however that they are now well and happy. As the researcher who was also the observation supervisor, I think what was projected into me was the anxiety about being good enough; I responded with reassurance. This is a projective identification because I can identify with it; I am an experienced clinician but an inexperienced researcher; anxiety about being good enough is very much in my context of doing research.

There is a vivid description from observer 2 where she spoke about the baby being frantic and upset when his mother left the room. The baby was aged about four months, when he was still in the stage of total dependence, and could not manage the feelings he had when being left momentarily by his mother. The observer clearly felt his distress and had to work hard not to take action:

O2 *“He was on the settee I think erm ... and ... so he wasn’t old enough for him to be able to roll off the settee actually, so the mum had put him on the settee and someone came to the door, so she left him ... erm to get something for someone who was delivering a parcel or something at the door, and he er he got very very distressed and I found that really difficult erm to maintain my sort of observer stance, and felt the maternal bit of me really wanted to pick this baby up ... actually, it might well have freaked him out (laughs) but that was really difficult.”*

In dyad 4, the observer gave a vivid description of a time when she felt the mother was, unusually, not fully attuned to her baby, aged nine months. At this stage of development an infant would usually be moving out of total dependence and be more able to notice and relate to other figures. The observer, although she did not explicitly describe any connection the baby made to her, seemed to receive something very powerful from him. Using direct speech in what she wished to say to the mother about the baby’s situation but did not, she said:

O4 *“And he was just so fractious, the most fractious; he was crying , didn’t know where he wanted to be erm, and it was warm, but she got this sort of garden tub thing, that you put weeds in, it’s like a sort of plastic bowl type thing, she filled it with water and she put him in it, and he just absolutely hated it, and he just cried and cried, and it was sort of deep, and she was sort of giving him this yogurt, while he was in this, this thing, and I was thinking ‘he doesn’t want to be in there, he absolutely does not want to be in there’. She kind of generally, she was pretty much tuned in to him [2 secs] erm into him, good, a good mum, would hold him if he needed holding, but there was*

something about [3 secs] that time that was sort of ... it was a difficult visit really, difficult to be there.” [3 secs]

Me *“Do you remember how you felt then; how you felt afterwards?”*

O4 *I felt [2 secs] it was quite sort of upsetting, I felt a bit helpless cos I think I was wanting ... I felt the urge to say ‘actually I think he just needs to be out of there and wrapped up and held or something’ erm so it did feel [4 secs] ... I felt helpless; I think was the main feeling. [8 secs] I wouldn’t say that that was the norm, that was more of a one-off.”*

In the interview with the observed she referred to something which seemed to be the same incident.

D4 *“He was teething bless him, and it was more towards the end of the year, he must have been 8 or 9 months and erm ... yeah and oh, he had the mother of all paddies [laughs] and I just remember thinking Oh my God, but again, she was just like you know, well obviously, it happens, he’s obviously uncomfortable, and yeah I didn’t ever feel that she was looking at me and like thinking I was a bad mother or anything like that.”*

This extract could illustrate a whole dynamic in the area of projective identification. If the mother did feel like a bad mother at that moment, she might project something into the observer. However, it seemed that the observer then identified with it in a particular way; she was feeling something akin to what perhaps the baby felt - that he was being badly mothered. This would be why she had very strong feelings. I suggest that here the mother was most likely to be projecting both the bad mother issue and the hope of a good mother. These are the positive and negative aspects of projective identification: the mother’s experience of the observer’s acceptance of this enabled her to feel relief, and also to identify the observer with the good mother projection.

In dyad 5, the observer spoke about the strong feelings she sometimes had, and how she thought these were important.

O5 *“I was quite shocked by how I felt in the first few weeks really, er [3 secs] which I think was a combination of my anxiety and just [2 secs] what*

was going on with the family really, so that I felt myself suddenly in this kind of [2 secs] very intense intimate sort of anxiety.”

She gave a very vivid description of the last observation where the baby, a year old, was really upset. I noted that I might have been anxious about the baby if I had not seen her well and happy on the previous day.

O5 *“She was crying when I arrived at the door, I could hear her howling ... I think the last few minutes, five minutes, Mum went out of the room and she threw herself down on the floor and was weeping, and Mum picked her up, and a few more things happened and then I said goodbye and she was still sobbing, and that was the end, I stroked her face and she stopped sobbing and she looked at me like she knew, you know, like she knew something different was happening. We’d had the present and everything ... so I can imagine ... that’s a funny thing to say. I can imagine she’d remember, not remember, but you know what I mean, I can imagine that ... it’s in there, that it’s an internalised experience, you could get a real sense of that.”*

I think here the observer gave a vivid account of her strong feelings, but also related them to the “*intimate anxiety*” of the mother-infant situation. She did speak about her own feelings in doing an infant observation but was able to differentiate them from what she felt was being evoked. In the description of the baby’s reaction to her last observation, it is also possible to infer something in the realm of the last strand, below, that in the mind of the baby projector she had become identified with a painful projection. There were three particular examples of strong feelings early in the interview with the mother in this dyad, when she was describing the challenges of being a new first-time mother and how she could sometimes feel overwhelmed. She conveyed this clearly and sensitively, and each one included a comment that the observation had helped her with these moments. Speaking about when the baby was around six weeks old, she said:

D5 *“I think that ... especially on those times when I was upset and like she was crying and I couldn’t soothe her, having someone else going ‘gosh, it*

feels like there's lots of emotion' and all that kind of stuff actually was really containing for me to hear, to feel kind of held by somebody else in mind I guess ... and I think ... and that helped me to be calm, for B actually."

Again, in this extract the other strands of the possible projective identification can be seen. The mother, the baby or the mother-and-baby project both negative and painful feelings, and possibly the hope of positive ones. In this example the mother had temporarily lost her belief that she could be a good mother, and the mother-infant pair could have momentarily lost their joint belief in a good enough experience. The observer, in receiving and identifying with the feelings, offered something helpful which was relieving.

Second strand - relief (*"I needed someone to tolerate me feeling like that it was actually really valuable."*)

There are many examples in the observed transcripts where the mothers spoke about their positive feelings which could be related to the relief of having painful projections identified with and in some way processed. In the example from observer 2, although the observer took no action, what she did was experience all the feelings and stay with the baby until the mother returned. In this example it is at least possible that in receiving the strong feelings of distress and processing them the observer was helping the baby manage these feelings and reassuring him that he would recover. She would not need to say anything to do this as her non-verbal communications, especially through the eyes, could be received by the baby. As with the observer's description in dyad 4, these descriptions of the strong feelings were related to the baby and what the observer imagined the baby was feeling at the moment of distress. It is possible to extrapolate that the baby was projecting, and the observer received this projection and could identify with it, thus affording the baby some relief. In these two extracts, there is a difference in the observers' responses which could also illustrate the processes which are active at different stages of the infant's development. In dyad 2, where the baby was four months old, the observer's urge was to take over a mothering function. In dyad 4, the observer was more identified with the baby's experience. This difference could be accounted for by the

difference in the infant's relationship to outside figures and his sense of becoming more separate.

In dyad 1 the observer spoke with feeling about the mother communicating her sadness at times and how this could leave her feeling at the end of the observation. She then spoke about a particular time when the mother seemed, unusually, listless, and the baby, aged eleven months, looked at the observer in a way that made her feel he was asking for help. Here again is an older baby who can experience himself as more separate, as in the extract from dyad 4 in the previous section, and the observer had a specific experience of the baby connecting with her.

O1 *"I think there was ... the times I remember were quite lively and there was [sic] other times that were quite [2 secs] dead ... deadening in a way, so there were times that I came out and I was relieved to come out because it felt quite depressing, I felt quite sorry for her ... at times ... I was pleased that I was going to work [laughs] er and that I was meeting up with people cos there was times when erm I felt she was quite sad and conflicted about wanting to go back to work and wanting to stay with this baby... I think there was a bit of an anxiety that if she left this baby, would the baby stop thriving ... and there was one particular session where it was the whole session that I noticed he was really sad; she was really sad, I wondered who, who was sad, you know, why were they both sad together and I think it was, that was towards, I think she was thinking about the end of her maternity leave, it was just a few weeks away and she was going back to work, and I think there were ... er ... she never let go of that baby the whole of that session, and he just clung to her, and this time she ... almost forgot I was there, she was just listlessly watching the tele, and he wasn't, he was like ... and there was one point where he kind of looked at me, almost like that [pulls a face]- 'do something' like helpless, like what are we going to do with this situation ... and that was really poignant, just observing that, it was quite heart-breaking really ... and I remember that session being ... I used to fill up ... and it was so sad, and then I did see her when she'd gone back to work, she'd gone back part-time, and she was a lot more cheerful; I think the relief that she could go*

back to work and he ... started to go to nursery, and you know it was all alright ... erm I got into the sessions and it was ... it came a bit more happy and lively again....”

The mother in dyad 1 was clear that she had found being observed a good experience. For example:

- D1 *“It was a good thing for me I think ... it wasn’t ... in the beginning there isn’t a lot you can really observe, I mean B was sleeping quite a lot ... it was good you know, and then as the year went by he was doing more and more but I think one of the things it did for me was to be much more aware of what he was doing in the hour that O was here, so I’d be almost watching her watching him; there would maybe be things you would miss, one of the things was about how much she saw ... I watched his development as well; you know otherwise there are things you would miss. O thought it was hilarious that one day I was filling out one of those, the health visitor questionnaire and it asked about the things he could do and one of the things was about if he could do like the pincer grip, you know [shows me with her fingers] have they developed that and I said oh I don’t know if he has yet, have I seen that, I don’t know, and at the time he was picking up a bit of fluff off the carpet, just like that [shows me] it was a really tiny little piece” (the baby here was around six months old).*

I suggest here that this could be an example of the relief experienced in projective identification. In the observer’s account, both mother and baby were struggling and projecting some of their difficult feelings. The observer felt these projections, including something from the baby. She described taking these feelings away with her and noted that in the next few weeks the feelings in the observation changed for the better. In the mother’s description of what she got from the observation, she referred in the above extract to using the observer’s observational stance to help her to see more of the baby’s development. This could describe a helpful triangulation process. The observer had taken in and identified with the painful projections, evidenced by

the strong feelings, and the mother had experienced this as a relief, allowing her to be more able to observe and appreciate her baby's development and therefore her own good mothering.

The data also indicates the possibility of overlapping hermeneutic circles: mother, observer and researcher are doing something new. All of us are anxious and wish to reassure the others. At the centre of this is the infant who is vulnerable and needs careful nurture; the whole picture could also be seen as a reflection of the infant's need for reassurance in order to manage all his new experiences.

In dyad 5, there are examples of the possible relief involved in projective identification. In one of her rare uses of direct speech, the observed spoke about feeling someone had "*heard*" that it had been a "*really difficult week*". She later said that the observation had helped her tolerate the baby's distress by the fact that her distress was being tolerated in turn:

D5 *"My job was about being able to tolerate the fact that she's cried and that sometimes there wasn't anything I could do about it, I couldn't soothe her or anything. When I couldn't soothe her, I had to be able to tolerate that [The baby made a noise- "Ya"] and I needed someone to tolerate me feeling like that it was actually really valuable."*

I think here is evidence to support the idea that the mother in dyad 5 was able to articulate this part of the projective identification process. Her distressed infant was projecting something painful and all the mother could do was identify with it and try to bear it. Being able in her turn to project something and have it identified with by the observer gave her some relief and she found it "*really valuable*".

Third strand - intersubjectivity and identifying the recipient with the quality - (*"I didn't ever feel that she was looking at me and like thinking I was a bad mother"* and *"He didn't want to look at me, it was really odd"*.)

It was possible to extrapolate relief from the interviews with the observed mothers. In the area of the third strand, identifying the recipient with the projected quality, in the observed transcripts evidence seems to be about

positive projections - the mother projecting some good feelings she was not able to hold on to and then seeing the observer as having good things which she could then take back in. There are several examples of this: for instance, both D3 and D4 spoke about being reassured and helped by the observers. D4 referred to the observer making a comment about the baby and it making her feel *"like you're not going crazy"*. The observer said that the mother *"really wanted to do it"* and that she felt the mother wanted her there in some ways. Later, in discussing what the mother understood about the observation, she noted that the mother could not keep in mind her explanation, but she thought and felt that in the mother's mind *"I was kind of there for her"*.

This could suggest that the "good mother" ideal was momentarily projected into the observer; the observer could then be seen as the good mother. The observed identified the observer as this, and then could get relief and reassurance. In the previous example of dyad 1 in the first strand section, in what happened in the observed mother's interview there is intersubjective evidence of something that could be an example of projective identification. The strong feelings of loss and the need for reassurance reverberated between all three of us and the mother projected both into me, which caused me to respond in a reassuring manner. The mother was anxious that I should think well of the observer, which could indicate that the observer and I at that moment were being experienced as the ones needing reassurance. The mother felt relief and then went on to talk about pleasant memories of the observations.

The final examples relate to the observed infant, and examine whether their responses as described by the mother and observer could show this aspect of projective identification. The difference in dyad 1, above, about the baby's reaction to the observer where the mother thought the baby was happy to see the observer and the observer had a very different experience is part of this. In another example the observer said:

O4 *"When I saw B [laughs, 2 secs] he was, he was just so shy when I bumped into him; he's, he'll be coming up three now, he had his hands over his eyes and he didn't want to look at me, it was really odd."*

In response to my question about the baby's reaction to the observer, the

mother said:

D4 *"I mean, to him, I know they pick up on stuff at that age but to him it was just, you know, mummy's friend that came for coffee so ... we used to ... it came to the point where he would recognise her and he'd like, when he was a bit older he'd start to interact with her and stuff like erm ... like if I was like building bricks with him or something like he'd take one for O to do and stuff like that so ... no, I don't think he .. well he never thought of her as anything other than someone who came to his house."*

Here the baby was much older in the extract from O4 than the age he was in the experience the mother was describing, and this in itself could account for the difference between the accounts of the baby's reaction to his observer. However, the observer's noting that it *"was really odd"* indicates that something happened which would not be expected in that situation; it was not an experience of meeting an ordinarily shy child. In dyad 5, the mother said that the baby *"was always really pleased to see"* the observer. The observer said it had been a *"privilege"* and noted that she *"really liked them both"* and that she *"really loved"* the baby. The whole of both interviews gave a very positive impression of the experience and how they had got on together. This makes the last observation where the baby was inconsolable and very different towards the observer stand out.

There are many different explanations possible for these vignettes. In earlier stages of the analysis of dyad 1 I was not sure what to make of where there was lack of congruence. Further analysis, taken with the other examples and the theoretical construct of projective identification, could suggest that this was an example of the last strand of projective identification. The baby projected something painful into the observer, who received it and had the associated strong feelings. To the baby, the observer was then identified with the painful feeling, which showed in his reactions to her. In dyad 4, this aspect of projective identification could also be discerned. The mother knew her baby was quite comfortable with the observer. When the observer met him again, he did not want to look at her. Although other explanations could be advanced, such as he had forgotten her and was shy, I think this is unlikely in

that she was such a constant feature of his first year of life. We would expect that she would be familiar to him, at least. But if she was the recipient of a projective identification from the baby, then she would evoke his memory of the quality he had projected and which he experienced as being part of her. This might make him want to hide his face from her.

In the example from dyad 5, it was the last observation and the baby was a year old. It is possible that the baby's reaction was related only to the feelings of upset and loss she could discern in the adults, which by this stage of her development she would be able to see the adults are more separate from her and from each other. However, if the observer had been in receipt of painful projective identifications from either mother or baby or both, then the observer could have been seen as having that quality by the baby. Thus, the baby would be distressed not only because of the loss but also because the observer at that point was identified with something painful. This could illuminate another aspect of projective identification. In this unconscious intersubjective experience, the recipient of the projection is usually very important to the projector, even though they may be experienced as having the projected negative quality. The mother-and-baby unit has something to lose in this realm after the end of the observation. They could fear losing not only a helpful recipient of their difficult projections but also the part of them that was projected. It could be that the mothers retain the positive experience of the observer related to their positive projections and the baby was experiencing the negative ones.

I think there is evidence in the transcripts and their analysis to confirm the theoretical concept of projective identification being related to moments of rupture rather than being a universal phenomenon. All the examples have come from the moments in the experiences of both observed and observer which stand out. Most of their descriptions are of a pleasant and mellow experience which they all enjoyed. This leads to consideration of a theoretical and clinical question: whether projective identification is ubiquitous or whether it is only manifest in particular situations. The evidence from the transcripts is that it was not the norm. Looking at each incident, the common factor is that there was some distress which, although short-lived, was powerfully felt by either the baby or the mother, or the mother-and-baby, and which was

projected into the observer, who could identify with it. It then appears that, for the baby, the observer was likely to be identified more with the negative projection and for the mother the observer was likely to be identified with the more positive part of the projection - something like the hope of a good mother who can help.

Holding and containment

In their different ways, holding and containing require emotional work. Strong feelings which do not essentially originate in the self often have to be felt and thought about after the encounter in which they were evoked. In infant observation this is partly the function of the infant observation seminar, to help process and contain the feelings the observer has taken in from the observed family. This is beautifully described by Burgess (2005) in thinking about her experience as an observer. She noted how raw she could feel in the observation and afterwards, and how she needed help to process this in both her personal therapeutic work and her seminars. "I experienced a kind of 'realization' of Bion's (1962) formulation of container/contained and its role in emotional development. Each container was nested in another in this process. Mother contained baby's mind; I contained mother's and baby's minds; the group contained me; and all the while, the instructors contained the candidates' minds. It does take a village to raise a child, a mental village as well as a physical one." (p.279). In thinking about this kind of infant observation as well as about the activities of parenting, holding and containment are important theoretical constructs one might expect to find. Differences between the processes could be illuminated through this lens of infant observation.

Containment and holding and lived experience – (*"Okay, someone's heard that" and "maybe I'd held something".*)

For example, in dyad 3, the observer and mother seemed to use a similar way of both holding and containing what had been a painful experience, by acknowledging the pain of a rather traumatic birth and then by surrounding it with something more positive. I think my interjections in the interview with the mother tend to confirm this; I felt able to tune in and

empathise with the trauma they had all suffered without feeling this was something which had to be avoided and covered up. In the interview with the observer, I can be heard on the recording making a small noise of confirmation; I remember nodding and continuing to look at the observer. This could be an example of how holding and containment are done non-verbally; with everything but my words I was communicating that this was important and could be heard. In the infant observation experience, the observers learn to do a lot of this kind of communicating.

The level of unconscious holding and containment, by definition, is very hard to evidence. For example, when observer 2 told me about the experience of being with the baby in which she struggled to bear both her own and the baby's feelings in the temporary absence of the mother, she went on to say:

O2 *"... but then, I was also thinking about how ... so you become much more aware, I think, of what's going on, inside your own sort of internal world, somehow [mm] by trying to maintain that position, and then you can reflect on where that's coming from and how much that's you, and what's going on in terms of the mother [mm] and the baby, and also ... what's coming from your kind of history and that kind of thing, so...."*

Me *"And did you have a sense, when he was so upset, that he knew you were there ... did you feel he was aware of your presence?"*

O2 *"That's a good question actually ... I think he was aware at other times ... but he was sort of looking up, and I'm not sure ... I'm not sure if he was, or if he wasn't, actually ... maybe he was, but he ... but I wasn't enough, you know, to make him feel secure, it had to be mum."*

My reflective notes say:

"This was clearly a painful memory. She was almost squirming in her seat; she had received the baby's distress at that moment and she could still feel it [presumably because she did not act to relieve her distress]; another possible example of the power of projective identification which is in some way unmitigated by time and distance. Because she couldn't act it was still with her. I thought it was also an important point that for the baby, being picked up by

someone who did not usually pick him up might have made it worse for him, although probably better for her. After [telling me all about this] there is a change in her voice; she sounded more reflective and less anxious.”

The mother in this observation did not mention this episode; overall, she thought that the baby was not particularly affected by being observed, but that she found it a good experience.

D2 *“It was quite nice actually ... it was time for me to sit down and relax for an hour during the day...[mm] And it was like [O said] ‘just carry on doing your thing’ and I was ‘hey, I’m sitting down and having a rest and a coffee’.”*

We both laughed here.

Me *“Yes, that’s what we often, [find] that they sit down together and... look at the baby and what he’s doing.”*

D2 *“Yes. it was nice to have that ... little bit of time, it was like that’s my time to just relax for a while.”*

In the interview with that observer, she referred to the mother seeming very relaxed, but the observer felt that at times it was difficult for the mother and she was managing quite a lot of anxiety.

Observer 1 noted that she could feel quite sad or quite happy when she left the observation, although those feelings had not been very evident in the observation itself or the feeling tone in the family. Both observers could recognise that their own feelings might have accounted for their ideas about the mother’s feelings and were able to think about these. They also had both their therapy and infant observation seminars in which to process how much might have been their own personal issues. What is left could be surmised as belonging to the observation, and that by thinking and feeling about the experiences outside of the situation and returning the next time, the observer was offering an experience of containment which mirrors what is offered by the parent with the child. In receiving the infant’s distress without taking action, it can be argued that observer 2 was holding baby in that difficult moment of separation, and in her subsequent processing she was containing the experience for both the mother and the baby. The mother’s overall

response to the observer's presence was that she felt relaxed and at ease. In the interview with the observed mother of dyad 5, this emerged clearly and descriptions were moving and felt very sincere. She said the experience felt "*containing*" for both of them and she used the word five more times. This observer commented: "*maybe I'd held something*".

There are many possible interpretations of these extracts; it could be argued that they do not show unconscious holding or containment but are related to the particular observers and/or the normal vagaries of everyday life. As the researcher I found that I was both responding to the feeling tones in the interviews in my interjections, and consciously trying to think about and mitigate difficult feelings so that the interviewees were not left disturbed in any way, which could correspond to containing, but also to be sure that I heard them and allowed them expression, which could correspond to holding. However, although unconscious issues are by definition not known to the person, and this has to include the observers and researcher, unresolved unconscious issues generally make for an uncomfortable atmosphere which cannot necessarily be articulated but certainly would not usually lead to people being relaxed and happy to continue with the experience.

Busy mothers are glad to have the opportunity to relax and share delight in their baby; but only if the general atmosphere is benign and supportive. I suggest that there is another level of this process which is illuminated by the data; that these processes are often not only non-verbal, but unexpressed. I think this is evidenced by the extract from O2, where she went on from describing an upsetting incident to thinking about her own responses and how she understood what might be happening on an unconscious level. The observer did not say or do anything. She felt and thought something which she processed internally. It seems to be more the process of being observed in this way that has effects, rather than any particular activity of the observer. This mirrors the processes of containment and holding which are everyday parts of parenting.

This section on holding and containment aims to show both processes in the experience of being observed in infant observation. I suggest that the holding is done more in the emotional position and attitude of the observer. The containment is activated more in the processing done by the observers

both in the observation and in their thinking about it afterwards. I suggest that in taking in the difficult experiences and digesting them an experience of containment is offered, although it may never be verbalised, or need to be. These particularly relate to two of the overarching themes of the transcript analysis which were the provision of a calm space and of putting the observed at ease.

Conclusions

The conclusions from the transcript analyses, taken with the psychoanalytic theories which seemed relevant, have led to the idea that four particular theories can be seen in the material and are pertinent to the research question of what the effects might be of being observed in this way. These ideas are illustrated with extracts from the transcripts, but there are many other possible examples which could be used. Overall, however, something else is also illustrated: the quality of the attention paid by the observers to the subject of their observations. There is something ineffable about the value of being in the benign gaze of another. This applies to the experience of care the infant can have, and has a parallel in the experience of being observed.

Chapter 9 - Results, Implications for the Profession and Conclusions.

Introduction.

Chapter 1 begins with a statement: that this is an account of a doctoral journey, from something I wished to know about to conclusions I have been able to draw. What I wished to know about was the effects of being observed, as a parent and even as the infant, by a psychotherapy observer, in this particular way. There is a great body of literature and research into infant observation and into being observed. In qualitative research it is largely accepted that the researcher impacts on that which they are researching. In the infant observation situation, one might think this is axiomatic; being observed in this way must have some effects. I have concluded that indeed there are effects of being observed in infant observation. In the interviews with both the observed and their observers, they were clear that this had been an important and enjoyable experience for them, although they all found it difficult to articulate what they got out of it and the effect of it on them. The 5th observed participant could describe more what she experienced and how she thought it helped her. What she said accorded with what I had been able to understand about the other observed participants and I concluded that their experiences had been very similar.

Part of the challenge of this research has been to integrate three different methodologies and ways of looking at data and of showing evidence. I chose IPA because it seemed to offer the best chance of my being able to use my own experiences as part of the construction of the meaning of the experiences. In this I think it has been the right choice. I undertook a systemic examination of all the research papers I could access where psychoanalytic and IPA theories and methodologies were used together and I used how the various researchers had analysed the data to evidence meaning and existential import to look at my data. The challenge has been in the IPA position that psychoanalytic theory is a possible impediment to the unbiased consideration of data. I found however that the IPA method of embedding the researcher's lived experience in order to extrapolate the themes and to understand the key issues, without the use of transference and

countertransference, was in danger of describing what was happening without enough depth to illuminate the meaning that could be understood.

Therefore the data had to be examined at more depth, and Chapter 6 describes how this was done using three tools. The first two of these were drawn from techniques used in Conversation Analysis (CA) - looking at the pattern of silences in speech and at the use of quoted speech. In the end, I think that all three methods - IPA, these aspects of CA and psychoanalysis - have been integrated sufficiently to provide useable conclusions which are evidenced and embedded in the data. However, I think this process in itself has in some way reflected the existential import of what I have found in the research. It relates to the joys, problems and challenges of integration. The parents have to integrate different ways of being and relating from how they operate when not being a parent, or before they were parents. Observers have to integrate their usual professional and personal ways of being with the particular requirements of being an observer in this situation. This thesis in some way is an account of my journey to integrate new learning and new ways of being. And the centre, the infant, is constantly learning how to integrate new experiences and developments as part of their journey of coming into being.

Findings

In research methodology, the discovery that I needed other tools to give a more rounded picture (and to offer confirmation) than either psychoanalytic thinking or IPA could offer, I suggest is of significance. Both methodologies had areas of absence, or something missing. The psychoanalytic methodology applied to research includes both theory and the use of the understanding of the transference/countertransference matrix. The criticism which IPA levels at psychoanalysis as a research method is that it is theory-driven, and that countertransference experiences in themselves are entirely subjective and may say nothing about the subject of the research. IPA, with its emphasis on researcher reflexivity and the co-construction of relevant themes, aims to offer a wider perspective whilst allowing for the inevitable impact of the researcher on what is researched and the sense that the participants can make of their experiences. However, looking in detail at IPA

papers to identify how themes are evidenced and existential import arrived at, what the researcher felt and understood is a large part of how these are both found and made. This is not to suggest that what the researchers found was problematic, but that how they found it has less research rigour than might first appear. At least in part the researcher reached these conclusions by using what a psychoanalytic practitioner would call countertransference, but which an IPA researcher would not explain or necessarily even know about as a concept.

The further analyses of the transcripts therefore have required other lenses, and this is where I have used the patterns of speech in pauses and quoted speech, and also looked at the congruences and differences between each member of the individual dyads, and across the groups. Thus, to try and address an 'absence' in a psychoanalytic research methodology – reliability, because the understandings are based on the individual psychoanalytic practitioner's perspective and experience - I have used IPA methodology to examine the transcripts and to look for evidence of themes in the words used and their repetition. To try to address an 'absence' in IPA methodology, which is in the area of the researcher's interpretation of the words used and the way they have been used, I have looked at the transcripts to see what can be evidenced through the use of some aspects of conversation analysis.

The research questions - are there effects of being observed in this way, and, if so, what are they? - looked at through these different faces of a research prism add to and confirm each other. The evidence from this research is that being observed in this way does have effects, and these are positive and important. I have identified two main themes. They are 1) being judged and put at ease, and 2) loving the experience, which has a sub-theme of a calm space. The psychoanalytic concepts I have identified as offering a conceptual understanding of these experiences and the effects of being thus observed run across these two themes, like the warp and the weft in a piece of woven material. In all of these I argue that the beneficial effects of being observed are brought into being by the various processes these concepts describe.

To link these concepts with the transcript themes, there is a series of questions which can be summed up in one word - how. The way in which a

non-judgemental, easy and calm space which is valued and appreciated by the observed is facilitated is, I suggest, largely through the activities these areas of theory describe. It includes the ways in which the observer is able to both convey a benign position and participate in the internal and unconscious development taking place. Also, the experience of being observed offers to the observed someone in whose benign gaze and internal processing something positive can be recovered from something difficult.

Themes

1) Being judged and being put at ease

It was clear from the interviews that the observed had not felt judged in a negative way and had felt that it was an enjoyable and helpful experience. How the observers facilitated this is particularly important to understand when taken in the context of the number of references to being judged that appeared in all the interviews with the observed. The context of these comments, except in the case of the observed mother 5, was in describing other people, often professionals, who could be judgemental. Being judged as not good enough is part of everyday life and has to be defended against. This defence is necessary particularly in the parent-infant context, not only because being criticised is painful but also because feeling criticised and not good enough inhibits relating and carrying out the caring functions required for the infant to thrive. However, judgement is not always negative. Being looked at, appraised and being judged positively is helpful and supports being able to continue to do a good job. I think there was something also in the experiences of the observed which helped them in this way. The observers were able to show they appreciated and valued the baby's development and the mother's mothering.

It appeared that in the observed participants 1-4, being put at ease required not only a generally benign attitude and position on the part of the observer but also acquiring bits of personal information about the observer. I suggest that the observed asked for what they needed to know in order to make themselves feel comfortable. They did not wish to have a lot of information, just enough. This was described well by observed participant 1, who said:

“O was lovely really, she came in with a really relaxed attitude although I ... I am going to drop her in it here, I know she wasn’t supposed to react or interact that much but she, she did a little bit, you know in just a normal everyday kind of thing and that was really helpful actually, that was really lovely.”

This illustrates the complex, silent and partly unconscious negotiation that is necessary for a successful and helpful observation. Too much personal information about the observer threatens to interfere with the much-valued aspect of the observations that they all described in different ways, which was the observer’s neutral but very interested position. One mother described it thus:

“I think all you want to do is talk about your baby and I think you worry that other people get sick of hearing it, but O wanted to know.”

Too little personal information may risk the feeling that the observer is unengaged, aloof and possibly judgemental. The observed mother 5 seemed to manage this by paying careful attention to the observer’s way of being; she said the observer was: *“always really respectful”*.

I think it requires quite a sophisticated level of understanding of the observer’s role for the ‘ordinary’ family not to want to have some personal information about the weekly visitor who is a stranger and who they have agreed to have in their home. From this perspective, it is perhaps surprising that they did not ask for more information. None of the observers described being pressed for personal details. All the observed participants said that their motivation for agreeing to take part was a wish to help. This is also what Watillon-Naveau (2008) found. It could be argued that this wish to help extended to trying not to ask for information when the observer did not volunteer any. But I think there is evidence to suggest that the families wanted some, but not too much, personal information about their observer because they knew it was a different experience from having a friend or family member visiting, and that this different perspective was valuable. In this situation therefore it can be argued that the disclosure of personal information not only

generally helps with the observed family being put at ease, but also their asking for it will be kept to a useful minimum.

2) Lovely/ loved, and a calm space

Containment and holding are part of good mothering and also an intrinsic part of these infant observations. Also, both are some of the necessary precursors to the development of a triangular space. The potential for such spaces has its roots in the relationship between mother and baby. Without this holding process, the infant cannot experience themselves as wholly individual and thus will not have the equipment to participate in a creative space. There is a parallel in the role of the observer in these infant observations. At a more superficial level, the parallel is that the observer holds the parent-infant couple in their mind throughout the observation and thinks about them both. These observers wrote up their observations afterward and discussed them, and other observations, in seminars. The deeper parallel concerns the ways in which holding and containment are done. The need to find a comfortable place together and to put the observed at their ease is vital. None of the participants referred to being given specific advice or having their way of parenting commented on, although they did talk about times when the observer spoke. Most of this holding was done internally and non-verbally, as a mother does with her infant.

The mothers described vivid scenes in which the observers had participated in something special in the minutiae of the baby's development. They seemed to refer more in passing to the value of the observer being there and hearing all about the baby and what was happening. Perhaps as for an infant, a good experience can be taken for granted. It also links to the various creative endeavours in this whole process, making a space for creativity and development. One of the effects of being observed in this context could be in this area. The relationships in all of the different dyads, quietly benign and largely unspoken, are the scaffolding of a space for creativity and development. An infant-led activity was noted by the observers at times; they felt the baby wanted to show them something they had learned to do. They also noted that the mothers wanted the observer to see what the baby could do and to appreciate the baby's progress.

Theoretical Conclusions

The first conclusion involves two concepts: holding and containment. Good mothering involves both, and involves adapting to the infant's different stages of development. However, I have not made differentiations in the exploration of these processes as they unfolded in the examination of the data. I could note and suggest that the processes were ongoing, but that the detail of how they were done, and thus how they might be reflected in the observer's descriptions, would require much more detail of the actual observations and more specialised infant research. I think it would be a rewarding and fascinating area of research. I suggest that as the process develops between the mother and her baby, and what is called out of the mother changes, this will be reflected in a parallel process in the observer's position in the observation. The observer offers a non-judgemental attitude and a position that holds and supports the healthy ordinary mother-baby relationship, unconsciously contributing what is stage-appropriate for the mother and baby at the time. In the seminars and in their personal reflection, the observers processed the experiences and thought about difficult moments. This thinking and processing is part of the work of containment which, as with the mother and baby, is largely unspoken when they are in the observations.

The second is healthy narcissism. The view that security and a positive view of oneself generally leads to better emotional and mental health is not contentious in human sciences (Manne, 2005). Questions from this perspective relate to the possible effects of being observed in infant observation. What makes for a secure experience in infancy? Does having a positive view of oneself make for a healthier engagement with life? And if so, what best enables individuals to have this positive view?

To explore this, I have made a differentiation between primary narcissism, secondary narcissism, pathological narcissism and healthy narcissism. Primary narcissism is the normal state of infancy wherein the infant developmentally does not have an appreciation of the existence of another person. Healthy narcissism is the proper appreciation of oneself and one's creative productions and is one of the building blocks of feeling secure

and positive. It is possible to argue from this research that being observed in infant observation both supports the development of healthy narcissism by both appreciating the infant and the mother's capacities and achievements, and by offering the third position from which to observe the process and make some triangular space. This could assist in the prevention of ordinary healthy narcissism 'tipping over' into the beginnings of a more pathologically narcissistic state, or could assist in preventing an unhealthy secondary narcissism developing.

It is vital for both mothers and infants to feel proud and pleased with their growing abilities to either mother or come into being. The observer is an enthusiastic witness to this. The observer also has to have a healthy narcissistic investment in the mother and baby, as well as in their own progress as an observer doing an observation. However, some distance and triangulation are necessary for healthy narcissism to be supported by an ability to observe and step out of the usual rather enmeshed experience which exists between the mother and the baby. The observers could offer this to the observed and the observers were offered something similar in their training. As the researcher I have been offered this by my supervisors and the institution as a whole.

The third is in the area of projective identification. When I began this research, I did not have a theoretical view about whether projective identification was a universal phenomenon, and as discussed, there is disagreement about this in the field. I have extrapolated from the transcripts and concluded that it is most liable to occur when there is some disruption and that this mechanism is reactive. It appeared to be called up in the observers when there was a disruption between the mother and baby, and the baby seemed momentarily overwhelmed. The observers had to work hard to manage their own feelings and to process the experiences at the time and later. The normal and everyday mother-and-baby can be said to be in mutual unconscious exchange, a system of benign projections in which the infant communicates his/her feelings and requirements to the mother, and the mother communicates her love and her need to be able to know herself to be a good mother. This is also linked with healthy narcissism. If there is a reasonably good relationship, the baby is well and the mother is supported,

this will work so that neither party is overwhelmed with feelings; it is only when there is an experience of rupture that projective identification has to be employed. This suggests another effect of being observed, which is that in times of strain or difficulty the mother could be helped to manage the projective identification. A 'rupture and repair' process, described by Schore (2012) as vital between infants and their carers to develop resilience and necessary in clinical work, would also be present in the observed-observer experience. This is not to suggest that an observer is the only figure who could offer the experience of witnessing and taking in feelings around momentary rupture, but their availability to the feelings inherent in this might mean that they could offer something extra to the mother at that moment.

It is possible that the observed infant could also be affected directly by the observation in this area; however, convincing evidence of this would require much more, and specialised, research. In the many published accounts of infant observations, those observers have commented on the baby's involvement in the observation and their requirement that the observer show interest in them (e.g. Henry, 2007; Thomson-Salo, 2014). In this research the observed mothers all noted in some way that the baby had been interested in their observer and aware of them, especially in the second half of the observations – six months to one year. As noted by Stern (1998), the infant under one year is normally preverbal and without the capacity for symbolisation. However, they require emotional contact and interactions in order to develop. It is possible to suggest a beneficial effect in the area of momentary misattunement leading to projective identification, and in the area of containment. The observers communicated the most powerful experiences where there was a temporary disruption between the mother and the baby and the baby seemed overwhelmed. The observers felt this keenly and clearly were thinking about the experience from the infant's point of view. It seems likely that at that moment they were taking in the projection from the infant that the mother was not able to receive, and then were trying to process it internally. In their interaction with the mother this would be unconsciously communicated and then the observer's activity of containing could be taken up again by the mother who could feel herself relieved and contained. In the words of observed participant 5: *"Okay, someone's heard that."*

The effect of giving the mother a momentary space from containing the infant in which to recover herself is likely to have beneficial effects for her and thus also for the infant. The benign acceptance of the mother's temporary distraction could also serve to support the mother's confidence in her role. Again, these processes are not of themselves pathological, and the infant's healthy development also requires some of the experience of ruptures being repaired. The most that could be claimed about the possible benefits of being observed is that this process can be supported and facilitated.

Limitations of this research and possible areas of future research

There are many limitations to any research; the process itself produces allied questions which the research has not investigated. The greatest limitations are in three main areas. One is related to the particular method I used to acquire participants, and the timing of the research interviews. I did consider looking at the process of being observed in infant observation whilst the observations were in progress. I decided against this because of the risk it would interfere with the observation process itself. I also chose to use observations I have supervised, both to reduce the variables and to mirror as much as possible the process of such observations. I think that there were good reasons for these choices, but these factors could mean that the data is overly positive: partly because the observations were finished, and perhaps what was difficult had been "forgotten" in the passage of time. Also, although the observers were no longer subject to my assessment of their observations, I was still a trainer in their training and this could affect how they reported their experiences to me. The rigorous application of my reflexivity and countertransference is the best defence I can offer; if there had been a quantity of negativity or difficulties which were being disavowed, I think this would have shown in my lived experiences of doing the interviews and listening to the transcripts. For future research, a series of interviews with the observed and the observer as the observation progresses would give even more depth of understanding about the experience and its effects. However, the methodology would need to be adapted both in setting up the observation and in analysing the data; the researcher would be to some degree inhabiting the observer's position and this would affect the experience.

Another limitation, which I think would be a useful area of further research, is related to the effects on the infants themselves of being the subject of such observation. I have been able to use some of the infant's reported behaviour, linked with some theoretical concepts, to suggest some effects that being observed could have had on them, and possible benefits they could derive. However, to research this would require expertise in infant research. Houzel (1989), for example, described the therapeutic value of infant observation used in child psychiatry; however, the cases he used were where the infant or small child already exhibiting difficulties. Briggs (1997) used the method for working with infants at potential risk. Further research into this with infants without any evident therapeutic need could give further information about normal infantile development and the experience of the infant who is being observed. Linking what could be understood from the observations in the light of particular stages of development would also add to the understanding.

The final limitation I have noted is in the area of written work and may also relate to implications for the profession. Perhaps ironically in view of the amount I have written during this doctoral journey, as well as in the thesis, what is written in the process of doing these infant observations has not featured much in this research. As noted by Waddell (2006), part of the infant observation training process is the writing up every week of the observation which is discussed in the seminars. Ravitz (2013) used these accounts for his research. The meaning and use of the written accounts and final papers could be illustrated by a research design which would incorporate these with the data acquired from the semi-structured interview method.

Professional implications.

I realise that the process of this research and the conclusions I have drawn from it have had an impact on the way I work clinically and as trainer. These fall into two main areas. Firstly, I have a more rigorous view of evidence and how it is claimed. In my clinical work I have noticed a slightly different and nuanced process when considering making any kind of intervention. I look for possible confirmation in the actual words of the patient, and how they are said, including phrasal breaks, silences and quoted speech.

Previously I would have noted these in some way in gathering the emotional feelings, but not have thought of them more specifically and explicitly. I do not think what I then say is very different, but I think that I can track it better gives more chance of an accurate interpretation and also can help the patient follow their own material and learn how to understand their reactions as evidenced by what they say and how they say it. In training others, I have noticed over many years that when clinical material is being discussed, contributors may assert or suggest an understanding, based they would say on how the material makes them feel. I am now increasingly likely to stop at that moment to think about what the evidence for how they feel has been selected. The evidence is often in the words used, or the way they are expressed; if there is no evidence of this kind then the status of the opinion is just that- an opinion. It is evidence of something, but not necessarily very much to do with the clinical material being discussed.

Secondly, I have a somewhat different view of the patient's reactions when they refute my interpretation, or when I am suffused with strong feelings in the session. Looking at these events through the lenses of what I have concluded about the existence of healthy narcissism, and the possibility that projective identification is reactive has changed my practice in subtle but I think important ways. If the patient does not accept my interpretation, I have always thought, and trained others, to consider that the patient might be correct. However, I have not always gone on to look at whether in fact the interpretation is mistimed because the patient needs to find it themselves because healthy narcissism is essential and needs to be developed. If this is what is happening, it would indicate a striving to health on the part of the patient, and not necessarily a resistance to understanding. If I think a projective identification is in operation during a session, I am now more likely to think about what might have happened in the here-and-now which has caused a rupture in the therapeutic alliance and not just examine the experience for clues about the patient's concerns and preoccupations.

In all these ways, the research process and the help I have had in the journey have had a good impact on my professional practice. I hope I was an effective practitioner and trainer before, and there is evidence to support that;

I was certainly very experienced. Nevertheless, I think I am a better practitioner and trainer now

Implications for the profession.

The evidence from this research is that the way that we have conducted these infant observations as a profession is generally appropriate and helpful. There are three areas which have emerged which merit further consideration. One is related to the fact that these are not clinical situations and the usual professional attitudes to 'being with' may not be conducive to a good observation for any of the participants. If the infant observation is used to assess the observer's capacity for non-self-disclosure, the pressure on the observer to refuse to give information will be considerable. The evidence here is that this could be experienced as offensive and could therefore inhibit the observed participants. However, if the observer volunteers too much information, the benefits of the experience for the observed will be reduced. If the observer is able to give a sufficient minimum of personal information when asked, it is likely that this will be the optimum amount for this family and situation. The observed may need a modicum of information to feel comfortable with the observer but are unlikely to ask for more than they need because they too appreciate the value of having someone in the observer role rather than an ordinary visitor. If the observer is under pressure to show they can 'withstand' this request, it could interfere with the position that the observed and observer are able to find together to facilitate the best observation experience. If the observer finds they are being asked for a lot of information, or asked at a particular time, this is indicative of some disruption in the whole experience and this can usefully be explored in the seminar. This also relates to whether observers are free to keep in touch with the observed family afterwards. Again, as this is not a clinical situation, using it to assess the observer's capacity to keep therapeutic boundaries is not appropriate. However, the evidence from this research is that the ending of the observation is intimately linked with the ending of the child's first year, and the process of the mother and baby becoming more separate. Similarly, to the observed acquiring just enough personal information to make themselves comfortable, I suggest that the observed-observer pair would find a balance

for any future contact which will honour the quality of the relationship they developed and its purpose.

The second conclusion is related to setting up observations. Rather than families who were aware they might need help being ones who volunteered, these participants were people who had some confidence that they could offer a good enough experience to their baby and thus their observer. They all also expressed a wish to help. The repetition of the theme of judgement was very marked; they feared they would be judged and were relieved not to be. They needed some confidence in their abilities to override this fear and agree to be observed. It is important therefore to prepare observers to think about these aspects as it will inevitably affect how they are in the observation. This could affect how they carry out their unspoken and helpful functions of holding and containment, supporting healthy narcissism and processing moments of rupture leading to projective identification. It is important that in looking at the observations in seminars that the observed's behaviour and ways of being are not viewed through a clinical lens.

The third is about the written accounts of each observation and the final papers. There were occasional references in this area by the observed. Only one asked to see what was written up, but there were some desires expressed for feedback. Obviously, the written accounts by an observer are personal and internally reflective as much as they are accounts of the infant's development. However, it is possible that an account of the infant's development could be a valuable contribution to the observed and could facilitate the observation for both observed and observer if the observers were to extract something of their observations and, adapted where necessary, give the final papers to the observed. In the light of this research showing that the experience could benefit mothers and their babies in the areas of holding, containment and the development of healthy narcissism, something written, to have and keep, I suggest could only enhance this.

There are two conclusions which offer something to clinical work, arising out of the theory which has been illustrated. Through the lens of infant observation, I suggest that it can be evidenced that healthy narcissism exists, and needs to be supported. The need for this to be accepted in clinical work has been written about by psychoanalytic theoreticians (e.g. Kohut, 1966,

1968 and 1979). However, the best chance of its staying healthy and not becoming pathological is in the balance offered by a third perspective. The second conclusion is that projective identification is reactive. In the observations I suggest that it happened when there was a moment of disruption in the mother-infant relationship. Clinically this could also pertain; when there is a projective identification in operation, it may have been triggered by a disruption in the therapeutic alliance.

Conclusions.

The introduction refers to my doctoral journey. I think I have shown that there are effects of being observed in infant observation and that I have been able to give evidence for the conclusion that observation can enhance and support the activities of normal healthy development. I have used the lens of the research to examine and further consider some psychoanalytic concepts. My conclusions in the area of research methodology are that IPA and psychoanalysis are compatible methods of qualitative research.

Psychoanalysis has to answer the criticism that it is theory-driven and liable to say more about the researcher than the subject. IPA aims to answer a similar criticism by offering different ways of looking at the data, particularly using commonality, triangulation and reflexivity. IPA including psychoanalytic concepts offers more depth to the lens of the embedded researcher through the understanding and use of countertransference. Some techniques from CA can be used to develop and evidence the conclusions reached through the combination of psychoanalysis and IPA. All three methodologies have integrity and coherence in their own right, but together they give the most rounded picture. I have used the concept of the value of triangulation in examining the data and reaching some of the conclusions; it is perhaps unsurprising that I have needed three strands of research methodology to arrive at the end of this process.

Learning to research, thinking about theory and writing about these things has helped me enjoy theory in a different way and have more confidence in my abilities to learn and disseminate. However, I think that the biggest impact has been that I have a different attitude to evidence, and a

different attitude to observing. I am trained to watch and wait, but this has really deepened my ability to do that, and to be able to help others to think about it when I am acting as a trainer. It is a difficult place to inhabit. Winnicott (1989b) noted that the urge to interpret prematurely can actually interfere with the patient's own creative work in reaching a new insight. He counselled waiting. This long and positive doctoral journey has given me the experience of both waiting and developing.

I have used both the words 'baby' and 'infant' at different times. Rather than standardise this, I have chosen to leave them as they are because they reflect something of the reflexive aspect of the writing. The words 'baby' and 'mother-and-baby' speak more to the immediate and personal; the word 'infant' is more distant and thus I think more triangulated. I also noticed that I often changed tenses in the middle of writing. I have standardised this, but I think it also speaks to the effect of being involved in infant observation. To return to the lived experience: in the quote from the title, "it doesn't matter how clever you think you are", the experience draws all participants into it and gives it an immediacy which is part of the human condition. Also, "it doesn't matter how clever you think you are": there are no short cuts to finding out something at depth, and no avoiding the need to begin at the beginning with something new. In the new life of the baby, and the new situation of the mother-and-baby, this not knowing, and waiting, is also a difficult place to inhabit. I think my journey has reflected the wonderful and ineffable process of growth.

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Personal Communication- Valli Kohon, Infant Observation Tutor.

Appendix 1- Literature Summary

<u>Author</u>	<u>Title</u>	<u>Publisher</u>	<u>Date</u>	<u>Summary</u>	<u>Relevance</u>
Rosenthal, J	Where is My Mother?	<i>Journal of Infant Observation</i> 9:3	2006	An individual account of an infant observation. Author noted that the mother looked forward to the visits and that her reliability and comments mattered a great deal.	One account, but confirms the general feedback that mothers appreciate the observers' visits.
Mosely, D.S.	Endings, Parallel Processes and Infant Observation.	<i>Journal of Infant Observation</i> 10:2	2007	Single study, author describes a valuable and successful observation where the ending was difficult to bring up and observer was left with powerful feelings about loss. Author surmises that this was an issue of difficulty in the family which he noted during the observation.	Pay attention to the ending of the observation when interviewing both the observed and the observer and take care especially with the observed family.
Austin, S	The Early Development of a Thinking Mind- A One Year Infant Observation.	<i>Journal of Infant Observation</i> 16:3	2013	Description of a strong mother infant bond and the mother's capacities to be attuned. In the beginning it seemed difficult for the mother to be comfortable, but by the end expressed appreciation of the observer and her close interest in the baby.	How do observations get set up and what is the beginning like?
Tronick, E	Emotions and Emotional Communications in Infants.	<i>Journal of American Psychologist</i> 44:2	1989	Author studies emotional interaction between infants and their carers. He implies that mothers may volunteer to be part of an observation because they fear being depressed. Infants express emotion and communicate very early.	Thinking about why someone agrees to be part of an observation. Infant is very much part of the observation and will relate to the observer.
Henry, L.	I See You Watching Me Patiently.	<i>Journal of Infant Observation</i> 10:2	2007	Account of individual observation. Surmises that there is a sequence- observer relates to infant as a subject, they begin and exploration of not knowing, infant makes a link with observer, infant	Infant makes a powerful relationship with the observer who is familiar and visits weekly. What does the mother think about the infant's relationship to the

Goren, Sarty & Wu	Visual Following and Pattern Discrimination in Face-like Stimuli by Newborn Infants.	<i>Paediatrics</i> 56	1975	offers observer an experience and a relationship. Quantitative research study noting infants prefer looking at human faces.	observer? Infant must be engaged with observer who is watching.
Ed- Oppenheim & Goldsmith	<i>Attachment theory in clinical work with children.</i>	New York: Guildford Press	2007	Clinical book describing using models of treatment drawn from attachment theory. Attachment develops largely in first year of life, and usually primarily with the mother.	Some previous accounts refer to attachment as being related to the dynamic between Mother – Infant-Observer.
Bowlby, J.	<i>Attachment and loss</i> Vol 1	London: Hogarth.	1969	Seminal book based on extensive quantitative research. Attachment between infant & carer is most vital building block of the development of personality.	It may be that the attachment between carer and infant is affected by the observation, but this is only one possible avenue which could emerge from the analysis of the data.
Shuttleworth, J	Psycho analytic Theory and Infant Development	In- <i>Closely observed infants.</i> (Ed Miller et al) London: Duckworth.	1989	Understanding infantile states of mind is necessary to work with both children and adults.	Reasons why the infant observation is a good training tool.
Rustin, M.	Encountering Primitive Anxieties.	In <i>Closely observed infants.</i> op cit.	1989	It provides the observer with the opportunity to meet and contain strong feelings in a non clinical setting.	As above. The concept of <u>containment</u> may be relevant to the effect of being observed.
Covington, C.	Infant Observation Reviewed.	<i>Journal of Analytic Psychology</i> 36.	1991	Main value of doing an infant observation is the impact on the trainee, specifically the impact of seeing and observing.	As above. The impact of seeing has a counterpart; the impact of <u>being seen</u> .
Trowell, Paton, Davids & Miles.	The Importance of Infant Observation Training; and	<i>Journal of Infant Observation</i> 2.1.	1998	Agreed that infant observation if of great value to a variety of professionals as well and psychotherapist	Nothing mentioned about the value or experience of the observed family.

	Evaluative Study.			including social workers and health visitors.	
Hindle & Klauber	Ethical Issues in Infant Observation; Preliminary Thoughts on Establishing an Infant Observation.	<i>Journal of Infant Observation</i> 9.1	2006	Reach no very clear conclusions but note that as we have understood more about infantile development care must be taken to respond appropriately to infant's gestures; the infant does perceive and relate to the observer.	Very apposite to considering ethics; both infant and carer relate to the observer.
Ed Unwin & Sternberg.	Infant observation & research. Emotional processes in everyday lives	Hove & New York: Routledge.	2012	A modern collection of papers looking at the uses on Infant Observation both therapeutically and to enhance the clinician's reflexive practice.	Nothing specific about my area, but implications can be drawn about the families' experience from the descriptions of therapeutic observation; that these are beneficial partly through the simple act of observing. Notes that as well as the value for the trainees, the mothers in particular welcomed having someone come regularly with whom they could share feelings and thoughts about their infant and his/her development which would be received non-judgementally.
Briggs, S.	Links Between Infant Observation and Reflective Social Work Practice.	<i>Journal of Social Work Practice</i> 13.2.	1999	Paper about the contribution of infant observation to social work, in developing reflexivity in practitioners but also in therapeutic interventions with 'at risk' families.	Suggests that the attentiveness by the observer mirrors the mother's attention to the baby wherein the baby can communicate his/her needs and the mother is able to respond. This would imply that the act of being benignly observed could enhance mother's abilities to attend to her infant.

Houzel,D.	A Therapeutic Application of Infant Observation in Child Psychiatry.	In- <i>Infant Observation- Creating Transformative Relationships.</i> (Ed Thomson- Salo) London :Karnack (2014)	1999	Uses the psychoanalytic infant observation model to treat dysfunctional interactions in the primary carer/infant relationship.	The attention given by the observer to infant and the carer is both conscious, through being alert and noticing, but also is through a receptive state of mind which benefits the observed.
Coulter, H.	The Mother- Observer Relationship: An Examination of the Participant Role of the Observer in Mother-Infant Observation.	<i>British Journal of Psychotherapy</i> 7.3.	1991	A theoretical paper with an example, looking at the relationship between the mother and observer; notes that the relationship is one which involves levels of communication and primitive feelings in the mother may be stirred up.	Mother's interest in infant is stimulated by observer's interest; also, the way mother treats infant is related to how she feels about the observer.
Wittenberg , I.	What is Psychoanalyt ic about the Tavistock Model of Studying Infants? Does it Contribute to Psychoanalyt ic Knowledge?	<i>Journal of Infant Observation</i> 2.3.	1999	Another theoretical paper suggesting that it does contribute the knowledge but not as infant research. Author says that being observed can make mother more anxious but can also provide security. Observer is also a container for carer's worries and infant's strong feelings.	Again, the concept of containment has appeared; this may be relevant to understanding the experience the observed had, and the observers in their seminar groups.
Raphael- Leff, J.	Cannibalism and Succour: Is Breast Always Best.	<i>Parent-Infant Dynamics</i>	2003	Theoretical paper about who agrees to be observed and why. Suggests loneliness, insecurity and altruism.	Important question for the research; why did they agree?
Crick, P.	Mother-Baby Observation: The Position of the Observer.	<i>Psychoanalytic Psychotherapy</i> 11.3	1997	Single case describing an observation with comments about how the observer was used by the mother as a containing and helpful figure.	Containment mentioned again.
Duggins, R.	Ghosts in the Nursery and Wolves at the Door.	<i>Journal of Infant Observation</i> 11.2.	2008	Single observation account by a male observer. Mostly about what he learned, but comments on his role as container for the family and how they and he felt it was	Another account wherein the observation had some difficulties but all participants found it valuable. Some thoughts about why from author,

Beebe, B. & Steele, M.	How does microanalysis of mother–infant communication inform maternal sensitivity and infant attachment?	Attachment & Human Development Vol. 15.	2013	beneficial. Includes theoretical constructs. Research into the dynamics of the mother infant interaction; the analysis of their contacts in minute to minute time shows the development of the reciprocal bond and can be diagnostic for future attachment problems.	including issues of containment. There is so much to observe in what happens between the mother and infant; the development of the bond which is central to the development of the infants' sense of self.
Wachtel, P.L.	Relational theory and the practice of psychotherapy.	New York, London: Guildford Press	2008	Account of relational thinking in psychoanalytic work. All psychoanalytic encounters involve both parties in a dynamic interaction which affects both. It is not possible for the clinician to be 'objective'; the relation always needs to be kept in mind.	Clear connection to infant observation and the hermeneutic circle; the baby-mother-observer- researcher all impact on each other and the experience.
Searles, H.F.	Countertransference and related subjects.	Connecticut: International Universities Press.	1979	His work was mostly with schizophrenic parents. He says that the development of symbiotic relating is central to healthy functioning, and this includes the drive to help the other.	It is noticeable that the desire to help is quoted in every writing where the family have been asked why they volunteered.
Freud, S.	The ego & the id (SE 19)	London: Hogarth	1923	Freud saw the Oedipal stage of development as coming after the other stages of development had been negotiated. It involves the child realising that there is another to whom their mother/caregiver is attached. This both causes anger and helps the developmental achievement of being able to manage reality.	The role of the father in this is to provide the third, a triangular thinking space. It may be that the observer offers something similar.
Britton, R.	'The missing link' In- The Oedipus complex today-	London: Karnac	1989	The missing link Britton refers to is parental sexuality in understanding, and working with, the	Again, the role of the third, offering a triangular space, is seen as central to the development of

Wolf, N.H.	Clinical Implications' Bion's infant. How he learns to think his thoughts.	<i>Journal of Infant Observation</i> 10.6.1	2002	various manifestations of the Oedipus complex. Bion thought there was a link between intrauterine life and infancy, and that both can feel basic needs but do not have the capacity to think about them. Thus, these primitive feelings are very much present where there is an infant or someone in an infantile state of mind, but there is no way for these feelings to be thought about; thus, they have to be projected and accepted by the [m]other.	healthy functioning. The powerful and primitive feelings which are a central part of being with an infant are also felt by the observer. This can inform the observer about their own processes and can enhance their learning.
Rycroft-Malone, J. et al	What counts as evidence in evidence-based practice?	<i>Journal of Advanced Nursing</i> 47(1) 81-90	2004	Epistemological paper looking at evidence and knowledge. In health sciences evidence is generally thought to be acquired from quantitative research, especially RCTs. There are different types of evidence which can produce knowledge; research, experience and context.	Knowledge gathered individually and clinically is transferable; this requires collaboration with others in the field. This is part of theory generation. All of these sources need to be 'melded' to give robust evidence, and all need to be systematically verified.
Svanberg, P.O et al	The parent-infant interaction observation scale; reliability and validity of a screening tool.	<i>Journal of Reproductive and Infant Psychology</i>	2013	Using videotape and 12 assessors, the PIIOS was used to look at attachment problems. The found good inter-rater reliability and validity.	They were using the observation scale to assess the quality of the interaction. They make the point that secure attachment has been shown to be an essential building block of healthy development.
Elmhirst, S.I.	Bion and babies	<i>Annual of Psychoanalysis</i> VIII 155-167	1980	A lovely paper linking Bion's theories with other psychoanalytic writers, particularly Freud, Klein & Winnicott, eg that Bion's alpha function	She refers to the mother's role in containing the infant and enabling development by taking in the baby's

				corresponds to Klein's good breast and links with Winnicott's facilitating environment.	unbearable feelings and metabolising them. This links with the potential role of the observer who can offer something of this to the mother-baby pair.
Caper, R.	What is a clinical fact?	<i>Int.J.Psycho- Anal</i> 75 903	1994	He uses two examples from his clinical work to illustrate his view about what constitutes a clinical fact, and how to discern this from something which may look authentic but is not based in the 'here and now'. He makes the point that what constitutes a 'fact' can also be contentious in other disciplines like science, and all rely on previous theories and careful observation. The apparatus for producing a clinical fact is the psychoanalytic work, but it is not always possible to tell when the work is actually happening in the here and now; he has two main areas which he suggests indicate that this work is happening. He also defines psychic reality; this is the internal reaction to external or material reality.	A clinical fact is arrived at by both parties and can only be reached in analytic work. It relates to the patient's psychic reality. For this research, how to define some common themes on which to build conclusions related very much to the questions in this paper. How can you tell this is 'true', and true for whom?
Higgs, J. Jones, M.	<i>Clinical reasoning in the health professions.</i>	Oxford: Butterworth- Heinemann	2000	Book of papers looking at the components of clinical reasoning- i.e. the basis on which clinical decisions are made. How to disseminate learning on taking all information into account.	Another reference to the impossibility in human sciences of making meaning from which decisions are taken without qualitative investigation into the intersubjective.
Hinshelwood, R.D. & Skogstad, W. (Eds)	<i>Observing organisations</i> .	London: Routledge.	2000	Collection of papers on the experience of observers in health care. The accounts are from the individual's perspective; they have often been in training.	They refer to the similarity with infant observation and the position of the observer. Little specific attention is paid to the experience of

Likierman, M.	Maternal love and positive projective Identification.	<i>Journal of Child Psychotherapy.</i> 14 2	1988	Gives a vivid picture of the effect on the observer. A paper written to offer another perspective on the thinking current at the time that the mother's job is to take in the infant's projections and metabolise them. Author argues that it is vital for mother also to project into the infant her desires and hopes.	the observed and what effect being observed could have, although there are many vignettes about the contact. As well as taking in the infants' unbearable states of being and metabolising them, the mother has also to project something positive of herself and her healthy narcissistic desires into the infant. It is possible that the observer also both takes in difficult feelings and projects something positive and hopeful from themselves.
Pikler, E	Give me time. The independent movement of the child's development to go free. Findings, articles and lectures.)(with Anna Tardos)..	<i>Pflaum, München 2001 / 3 (reprint)</i>	1968	Research into the motor development of children used this to train nurses to care for infants to enable them to develop their identity through the way in which they were cared for and spoken to.	She would be surprised at the great interest in this
Spillius, E.	<i>Encounters with Melanie Klein.</i>	London: Routledge	2007	Good exposition of projective identification in Kleinian theory.	
Buckingham, L.	A thread in the labyrinth.	<i>British Journal of Psychotherapy</i> 28.1	2012	Further look at projective identification	There continues to be confusion about the subject and object.
Greenhalgh, T., Wong, G., Westhorp, G.	<i>Protocol-realist and meta-narrative evidence synthesis: Evolving standards. (RAMESES).</i>	London: Biomed Central.	2011	Protocol developed to systematise a meta-narrative review.	This looks at what is essential in a systematic literature review where there is an impossible amount of literature which may have tangential relevance.
Baker, E.S. &	<i>How many qualitative</i>	UK: National Centre for	2014	A collection of papers from 14 expert and 5 new(er) researchers	The answer is- "it depends". What is depends on is

Edwards, R.	<i>Interviews is enough?</i>	Research Methods.		looking at the question of sample size.	discussed by the various contributors to the paper and this is helpful but also rather vague! (1-30) It also discusses 'saturation point'
Lupton, D.	<i>Infant embodiment and interembodiment: A review of sociocultural perspectives.</i>	http://sagepub.com/content/20/1/37 refs.html	2012	Author notes that in western cultures prolonged close contact between mother and infant is a minority activity, and that this has implications for the infant's development.	This review offers understanding in the cultural context in which the observers and observations I am looking at are also in. It is possible that the observer's interest and involvement may legitimise the mother's interest and desire for interaction.
Brocki, J.M & Wearden, A.J.	A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology.	<i>Psychology and Health</i> 21 1	2006	Most published work using IPA is in the field of health psychology.	Some useful general points; e.g. the importance of a deeper analysis than a retelling of the participant's accounts, & themes are not only the things which appear most often but are also indicated from points of urgency/immediacy. However, researcher bias can influence this unless there is rigorous reflexivity.
De Witt, L & Ploeg, J.	Critical appraisal of rigour in interpretive phenomenological nursing research.	<i>Methodological Issues in Nursing Research.</i> London: Blackwell	2006	Broad range of criteria for judging rigour.	The problem of validity can be attended to by showing credibility and by readers being able to follow the reasoning and reach the same or similar conclusions. Biases are "explicated and integrated into the research" (p216). There needs to be a congruence of philosophy, researcher and research topic for this approach to add something to the research topic.

Palmer, M., Larkin, M., de Visser, R. & Fadden, G.	Developing an interpretative phenomenological approach to focus group data	<i>Qualitative Research in Psychology</i> 7 99. London: Routledge	2010	Describes using IPA in this context and how this was done.	Using IPA to analyse focus group data they give 4 principles which they expand into an 8 step protocol in the light of their specific data.
Bodin, G.	The value of infant observation in the psychoanalytic training	<i>Scan. Psychoanal. Rev</i> 20 207-226	1997	Account of the observation and what theoretical conclusions the author draws from this. She considers Bion and Winnicott's theories but also notes that the hermeneutic circle of the mother/infant matrix fits well with the psychoanalytic theories of object relations.	Infant observation is a way of applying a psychoanalytic epistemology; it has been called 'countertransferral'. The internal mental activity of the observer who is keeping the experiences in mind, trying to process them and is thinking about them in the seminar group may offer the mother some thinking space of her own which helps her deal with the demands of the baby.
McGregor Hepburn, J.	Before and beyond projection? The therapist's experience of holding the patient in mind.	<i>British Journal of Psychotherapy</i> 9 1 24-32	1992	Clinical paper with theoretical references about the need for holding and containment.	Infant may be held, but not feel safely in mind, or may be in mind but not safely held. The infant/patient/observer needs to feel held in mind.
Burgess, G.A.	Intimate uncertainty: Reflections on infant observation in psychoanalytic training.	<i>Can J Psychoanal</i> 13.	2005	Description of an infant observation, thinking about the theory and the way in which the observer's experience mirrored the infant's experience.	Describes how the whole system contributed to the containing function; mother, infant, observer, seminar, training.
Brafman, A.H.	Infant observation	<i>International Review of psycho-analysis</i> 15 45	1988	How infant observations are conducted as part of psychoanalytic training.	In describing the attributes required of an observer he uses language which could also describe the holding and containing the mother does to help the infant develop.

Freud, W.E.	Infant observation- its relevance to psycho analytic training	<i>Psychoanalytic Study of the Child</i> 30.	1975	Discusses how the observation is valuable in the training of the psychoanalytic clinician.	Observation is not objective; all the observer's feelings and thoughts are also necessarily involved- reflexivity is essential to understand the possible meanings of the experiences.
Tronick, E.Z.	Emotions and emotional communication in infants	<i>Journal of the American Psychologist.</i> 44 2	1989	Research paper looking at infants	Even neonates are interactive and have agency.
Trevarthen, C.	Conversations with a two month old	<i>New Scientist</i> 896	1974	Both papers are his research work in looking at infants' early development.	As Tronick
Trevarthen, C.	What is it like to be a person who knows nothing?	<i>Journal of Infant & Child Development</i> 20 1 119-135	2010		
Waddell, M.	Infant observation in Britain: The Tavistock approach.	<i>International Journal of Psychoanalysis</i> . 87	2006	An historical and clinical paper about the model, its theorists and its place in current thinking.	Describes the Tavistock model of infant observation and gives vignettes.
Stern, D	The relevance of empirical infant research to psychoanalytic theory and practice.	In- <i>Clinical and Observational Psychoanalytic Research: Roots of a Controversy.</i> Sandler J, Sandler A-M, Davies, R, (Eds.) Madison, CT. International UP	2000	Based on his credentials as an infant researcher and psychoanalyst.	The observed infant and the infant at the heart of the clinical case are not the same, and that although processes and interactivity can be seen in infant research, to extrapolate from this confirmation of theoretical concepts is not possible.
Hollway, W.	Emotional experience plus reflection: Countertransference and reflexivity in research	<i>The Psychotherapist</i> 62	2016	What is reflexivity and how to develop and employ it	Blends psychoanalytic thinking and ways of being with research, particularly developing reflexivity.
Hollway, W	Psychoanalytically	In <i>The Sage Encyclopaedia</i>	2008	History and context of infant observation.	The ontology of all the participants, including

	informed observation.	<i>of Qualitative Research Methods. Vol 2 (Ed Given)</i> London: Sage			the researchers, is congruent with the ontology of psychoanalytic infant observation.
Steiner, J.	Seeing and being seen: Narcissistic pride and narcissistic humiliation.	<i>International Journal of Psychoanalysis</i> 87	2006	Links gaze with narcissistic humiliation, and suggests that being seen and being looked at will intensify a narcissistic defence. He goes on to explore shame, again linking this with being looked at and narcissistically wounded.	Referring to Britton, he describes how the child's relationship with the primary object is complicated by the third eye- the observing object, which the child experiences as being judgemental. Also notes there is a pleasure in being seen and appreciated.
Steiner, J.	Seeing and being seen: Shame in the clinical situation.	<i>International Journal of Psychoanalysis</i> 96	2015		
Symington, N.	<i>Narcissism, a new theory</i>	London: Karnac	1993	Three distinct roots of narcissism arising from deficit, grandiosity and fundamental insecurity. He states that narcissism is when "the ego takes itself as the erotic object". (p29) The alternative, he argues, is a choice to cathect the "lifegiver" which is healthy.	Makes a distinction between positive narcissism and something more like self esteem. He states that positive and negative narcissism are counterparts and cannot exist without the other.
Beebe, B.	My journey in infant research and psychoanalysis is Microanalysis , a social microscope	<i>Psychoanalytic Psychology American Psychological Association</i> Vol. 31, No. 1, 4	2014	Overview of Bebe's research and professional journey.	Research into the interactivity of infants and their early communication. Links made with clinical work.
Hinshelwood, R	The interpretative laboratory. Clinical practice as psychoanalytic research.	<i>New Associations 21 Newsletter of the British Psychoanalytic Council</i>	2016	How psychoanalytic clinical work can be used in qualitative research.	How data is selected and then tested, and how to assess confirmations and 'false positives'

Wallerstein, R.S.	What kind of research in psychoanalytic science?	<i>International Journal of Psychoanalysis</i> 90 1 p109-134	2009	Overview of the field and discussion about where qualitative and quantitative methods meet and where each is appropriate.	The elucidation of different kinds of research and their different functions in the psychoanalytic field.
Midgely, N.	The inseparable bond between cure and research; Clinical case study as a method of enquiry.	<i>Journal of Child Psychotherapy</i> 32 p122-148	2006	Reviews the case study as a research method and considers the strengths and weaknesses. Argues for the validity of single case studies as research.	Generalisability- how to show that the results of my research has wider application. This requires aggregation and corroboration, but also, attention to how the selection has taken place; this has to include in depth reflexivity.
Manne, A.	<i>The life of I. The new culture of narcissism.</i>	Melbourne University Press	2014	Rigorous investigation of pathological narcissism in our culture and context.	Is there such a thing as healthy narcissism? Is another word better to describe the process? However, there is evidence that pathological narcissistic reactions can be tempered by input.
Manne, A.	Motherhood. How should we care for our children?	Australia: Allen & Unwin	2005	Powerful argument for parental leave and starting from the infant's experience. Well researched	Infants are attachment seeking and separation, especially into early day care, is traumatic and has long term effects.
D'Abreu, A.A.	The act of interpretation.	<i>International Journal of Psychoanalysis</i> 87 4 pp 953-964	2006	Clinical discussion about what happens when an interpretation is made.	Elucidation of the psychoanalytic method.
Freud, S.	<i>The sense of symptoms</i>	Introductory Lectures 17	1917	Basic psychoanalytic theory about interpretation.	The need for interpretation.
Strachey, J.	The nature of therapeutic action in psychoanalysis.	<i>International Journal of Psychoanalysis</i> 15 pp127-159	1934	Seminal paper about interpretation.	What is an interpretation and what should it contain.
Balint, M.	Early developmental states of	<i>International Journal of</i>	1937	Thinking about the mother-infant relationship.	It is the primary love object relationship.

Balint, M.	the ego: Primary object love. <i>The basic fault: Therapeutic aspects of regression.</i>	<i>Psychoanalysis</i> 30 265-273 London: Tavistock	1968	Includes discussion of the “harmonious interpenetrating mix-up”	The interpenetrative aspects of the parent–infant relationship are reflected in the observer and the researcher.
Winnicott, D.W.	Anxiety associated with insecurity.	<i>In Through Paediatrics to psychoanalysis Collected Papers.</i> London: Hogarth 1975 p97-100	1952	Early work on mother- baby dynamics	‘There is no such thing as a baby, only a mother-and-baby’
Hefferon, K. & Gil- Rodriguez. E.	Interpretative phenomenolo gical analysis	<i>The Psychologist</i> 24 10 pp 756- 759	2011	Short paper summarising the rise in popularity of IPA and describing its drawbacks.	Drawbacks to using IPA inexpertly. Risk of asking too many questions and offering superficial generalisations. Describing is not enough, requires deep level of sophisticated analysis and rigorous supervision.
Boswell, S. & Cudmore, L.	The children were fine; Acknowledgi ng complex feelings in the move from foster care into adoption.	<i>BAAF Fostering and Adoption Journal</i> 38 15- 21	2013	Paper mostly about their findings; the feeling of the children can get lost as the adults try to process their own feelings.	Well-argued paper and reaches conclusions which are convincing and useable. Poses a question for IPA- whether the reflexivity of the researcher and elucidating the double hermeneutic is central to producing valid conclusions.
Lear, J.	<i>Love and its place in nature: A philosophical interpretation of Freudian psychoanalysis</i> <i>is</i>	London: Faber	1990	About the process of <u>becoming</u> . 6 steps to the process, starting with the interpenetrative.	“Psychoanalysis... is a wisdom won from illness” [p157]. Freud suggests that the loved object is not yet an object for the infant, and as the ‘not I’ differentiates, the ‘I’ can begin to form.

Yorke, C.	Freud's 'On Narcissism' : A teaching text.	In Sandler, Dare, Holder & Dreher, <i>Freud's Models of the Mind: An Introduction</i> London: Karnac	1991	A paper on how to read and disseminate Freud's writings on narcissism.	He notes that it is important not to confuse narcissism with self-esteem, which is comprised of an ego ideal, residues of childhood omnipotence and satisfaction.
Reid, M.	The inner world of the mother and her new baby- born in the shadow of death.	<i>Journal of Child Psychotherapy</i> . 29 2	2003	Describes research using a mixture of IPA and Grounded Theory to look at the maternal state of mind following the loss of a baby and the birth of the next baby.	It is quite an old paper, before IPA was so well known. However, the use and embedding of reflexivity indicates that IPA is applicable.
Lempen, O. & Midgley, N.	Exploring the role of children's dreams in psychoanalytic practice today: A pilot study	<i>Psychoanalytic Study of the Child</i> 61 288-292	2006	Research looking through questionnaires and interviews at how child psychotherapists currently worked with dreams.	They reference IPA but do not explain how they reached the themes except in general terms.
Holmes, J.	Observing snack time at a psychoanalytic parent-toddler group: Affect regulation and therapeutic possibilities.	<i>Journal of Infant, Child and Adolescent Psychotherapy</i> . 11 39- 47	2012	Research into toddlers eating patterns at day nursery.	Used IPA to analyse video recordings. Psychoanalytic perspective.
Barone Chapman, M.	Affects and meaning making in the drive to conceive through repeated use of ART.	<i>Journal of Analytical Psychology</i> 52 4 479- 491	2007	Research looking at women who have infertility treatment from a Jungian Analytic perspective.	Used IPA – semi structured interviews.
Rose, J. (Ed)	<i>Mapping psychic reality. Triangulation, communication and insight.</i>	London: Karnac	2011	Collection of papers about ways of offering objectivity on subjective experience.	Triangulation and insight- using others' perspectives and experiences, and reflexivity are the richest and most rigorous ways of making sense of subjective experiences.

Midgley, Anderson, Grainger, Nasic-Vuckovic & Unwin	<i>Child psychotherapy and research. New approaches, emerging findings.</i>	London: Routledge	2009	Looks at what is child psychotherapy, whether its effectiveness can be shown, and if so how. Uses a multi method approach- single case studies, Personal Relatedness Profile Rating Scales, Content Analysis and Mapping (Emde).	IPA is used in one study. All use reflexivity.
Midgley, N, Target, M., Smith, J.	The outcome of child psychoanalysis is from the patient's point of view- a qualitative analysis of a long term follow-up study.	<i>Psychology and Psychotherapy</i> 79 2 Pp257-269	2006	A large qualitative study [27] post hoc. Concludes that it was a helpful experience overall although participants found it hard to articulate how and why it helped.	Uses IPA. The difficulty in articulating the experience and its value echoes this research experience.
Smith, J.	Evaluating the contribution of interpretative phenomenological analysis: a reply to the commentaries and further development of criteria.	<i>Health Psychology Review.</i> 5 1 55-61	2011	In response to his original paper, he develops the criteria to include the possibility of a single contribution also being valuable and illuminative.	He refers to a "sensitive" individual comment; how to assess the sensitivity is part of reflexivity but also can refer to assumptions which may not be evidenced. This is similar to the big sample paper from Fonagy, Target and Smith, where existential import is taken from assumptions about important life issues.
Barros, M., Kitson, A. & Midgley, N	A qualitative study of the experience of parents attending a psychoanalytically informed parent-toddler group.	<i>Early Child Development and Care.</i> 178 3 273-288	2008	7 parents who attended a parent-toddler group at the Anna Freud Centre interviewed and researched using IPA	This is a very good paper in describing the process in detail. They also note that being observed by a psychoanalytic mind can be helpful, in itself.
Boswell, S. &	Understanding the 'blind spot' when	<i>Journal of Child Psychotherapy</i> 43 2 243-257	2017	Paper based on research used in a	Convincing paper about what happens and why-

Cudmore, L.	children move from foster care to adoption.			previous paper (2013) using IPA.	existential import.
Haskayne, D. Larkin, M. & Hirschfield, R.	What are the experiences of therapeutic rupture and repair for clients and their therapists within long-term psychodynamic therapy?	<i>British Journal of Psychotherapy</i> 30 1 68-86	2014	Paper explores the concept of therapeutic rupture and how it is experienced by both clinician and client. Uses IPA to examine and draw implications.	One of the few IPA papers which uses dyads and the comparisons between them. Also explains the difficulty in integrating IPA and Psychoanalytic thinking.
Bury, C, Raval, H. & Lyon, L.	Young people's experiences of individual psychoanalytic psychotherapy	<i>Psychology and Psychotherapy; Theory, Research and Practice</i> 80 79-96	2007	They contacted all patients of a young people's mental health service who fitted the criteria- aged 16-21, having had psychoanalytic therapy at least once per week for at least 6 months and who had been finished 6-18 months previously. 36 possible sample, 6 chose to participate.	They acknowledge their bias in respect of psychoanalytic thinking, and in the use of participants who were involved in the service the lead researcher worked for. Thus, the identifying of "higher order themes" is informed by their psychoanalytic perspective.
Weitkamp, K., Klein, E., Hofmann, H., Wiegand-Greife, S., Nat, R., & Midgley, N.	Therapy expectations of adolescents with depression entering Psychodynamic therapy: A qualitative study.	<i>Journal of Infant, Child and Adolescent Psychotherapy</i> 16 1 93-105	2017	German study from an outpatient psychotherapy service for young people. They contacted 13 who had a diagnosis of depression; 6 [ages 15-19] in the study.	They did a lot of cross checking and audit to <u>confirm</u> the findings of the researcher.
Donachy, G.S.	The caregiving relationship under stress: Foster carers' experience of loss of the sense of self.	<i>Journal of Child Psychotherapy</i> 43 2 223-242	2017	Child psychotherapist study of 6 foster placements which broke down where the children were under 5.	She uses IPA and psychoanalytic theory and the use of countertransference, she does not try to integrate them.

Mayes, L., Fonagy, P., & Target, M. (Eds)	<i>Developmental science and psychoanalysis</i> .	London: Karnac	2007	Series of papers put together from the collaboration between Anna Freud Centre and Yale Univ., looking at different aspects of children's difficulties through psychoanalytic thinking.	At a meta level it is about the epistemology of psychoanalysis and how it can be applied in other contexts. Research about Primary Maternal Preoccupation which fits with healthy narcissism.
Cartwright, D.	The psychoanalytic research interview: Preliminary suggestions.	<i>Journal of the American Psychoanalytic Association</i> . 52 1	2004	How to use psychoanalytic knowledge to deepen the level of data analysis.	The basic research principles usually used to analyse an interview are insufficient to get to unconscious meanings and internal psychological processes, the psychoanalytic concepts need to be brought in to get to this level of analysis.
Clark, H.H. Gerrig, R.J.	Quotations as demonstrations	<i>Language</i> 66 4 764-805	1990	Examples and explanation of how quotations bring the scenario alive, and how this shows a kind of ownership by the speaker.	The use of quotations in conversation is to demonstrate the point, and to emphasise its importance.
Clift, R.	Indexing stance: Direct speech as an interactional evidential.	<i>Journal of Sociolinguistics</i> 19 5 569-595	2006	Detailed linguistic analysis showing the patterns of direct speech and what they might evidence.	The use of direct speech also indicates an assessment made and probably agreed on by the participants. It is an interactive pattern.
Tannen, D.	Introducing constructed dialogue In Greek and American conversational and literary narrative.	<i>In- Direct and Indirect Speech. Trends in Linguistics</i> . New York: Mouton de Gruyter	1986	Chapter in a book about linguistics, particularly the possible meaning of the uses of direct speech.	Quotations are constructed dialogue, to give weight and meaning to the narrative.
Tannen, D.	The relativity of linguistic strategies: Rethinking power and solidarity in gender dominance.	<i>In- Gender and Conversational Interaction</i> (ed Tannen). Oxford University Press 165-188	1993	Gender roles and assumptions are evidenced in speech patterns and the use of direct speech.	Quotations are part of the patterns of speech which show import but also serve to establish and maintain dominance; they are contextual.

ten Have, P.	Doing conversation analysis.	London: Sage	2007	Practical guide to how to do conversation analysis, and why it gives evidence.	How to show evidence through the extracts from the transcripts, particularly looking at the pattern of silences.
Watson, R.	<i>An examination of how power arises and is managed between parents and systemic psychotherapists working together in a social care context: a conversation analysis.</i>	London: The Tavistock and Portman NHS Foundation Trust Professional Doctorate in Systemic Psychotherapy. (Unpublished)	2017	Looking at the power dynamic as evidenced in CA. Interventions most powerful when co constructed.	Minute and clear description of how CA was used in this research.
Reeves, C.	On the margins. The role of the father in Winnicott's writings.	In- <i>Donald Winnicott Today</i> . (ed. Abram, J.) London: Routledge.	2013	Discussion of Winnicott's writings about and views on the role of the father.	The father's role in offering both cover and support for the mother, and something more triangulated for the infant after the stage of absolute dependence.
Edgumbe R. & Burgner, M.	The phallic-narcissistic phase- a differentiation between preoedipal and oedipal aspects of phallic development.	<i>Psychoanalytic Study of the Child</i> . 30 161-181	1975	This is a normal stage of development, and necessary for moving into the triangular relating required for maturity.	Their "phallic-narcissistic phase corresponds to healthy narcissism. It involves cathecting to and delighting in the body.

Appendix 2- Journal Overview

Reference	<u>Citations- book- Closely Observed Infants</u>	<u>Citations- Klein</u>	<u>Citations- Winnicott</u>	<u>Citations- Bion</u>	<u>Citations- other</u>
18, no 1 (2015) Klauber, T. Editorial	Y				Murray & Trevarthen
Allnutt, L. In conversation with Lisa Miller.				Y	Freud, Rustin, Briggs
Datler, W, et al.. Toddlers' relationships to peers in the processes of separation: from the discussion of observational accounts to the development of theory	Y				Bick
Mooney, R. The preschool playground: a longing for a mother to a need for friends.		Y Y		Y	Freud x 5
Zupparadi, S. A band of brothers at nursery.			Y Y		Anna Freud
Caron, N.A & Lopez, R.S. When the internal setting becomes more important.			y		
Catty, J. Book review- Sibling matters: a psychoanalytic, developmental and systemic approach.				Y Y	
Flynn, S. Book review. Winnicott's babies and Winnicott's parents				Y	Briggs x2, Rustin x2
17 3 (2014) Monticelli, M. The experience of infant observation in difficult situations.				Y Y Y Y	Briggs
Datler et al- Observation according to the Tavistock model as a research tool.			Y Y Y Y Y Y		Bick
Botero, H & Sanders, C. Mother-baby relationship: a loving nest for mental health.					
Steibel, D. et al. An observer's intense and challenging journey		Y Y Y Y	Y	Y	Bick x 2, Freud x 2, Rustin

observing the short life of an extremely premature baby.					
Noaoka, H. Coming to terms with daily separation.					Bowlby, Rustin,
17. 2 Rustin, M. The relevance of infant observation for early intervention; containment in theory and practice.		Y			Miller
Youell, B. Separation difficulties or transition?			Y Y	Y	Rustin
Franchi, T. & Toth, A. Can you read the writing on the wall: what needs to happen for a researcher to see what she is observing?		Y			
Fox, E. Observing in a toddler group.	Y	Y			
Agarwal, U & Paiva, N.D. The uncomfortable subject: observing the Indian girl child.		Y			Bick, Rustin x3
Helps, S, Y, Book review- Far from the tree, parents, children and the search for identity				Y	Bick, Miller, Rustin
17.1 Paiva, N.D. Who observes whom?	Y	Y	Y		
Sigrell, K.B et al. Infant observation as part of a training programme.				Y	
16 3 (2013) Austin, S, The early development of a thinking mind.		Y Y	Y Y	Y Y	Miller, Rustin X4
Simonetta, M.G. et al. An outsider in the nursery				Y Y Y Y Y	Bick.
16 2 Magagna, J. The development of language in the early months of life.	Y		Y		Freud
Proner, K. To look into the eyes of an infant: Bion's baby's fear of dying.			Y Y Y Y Y	Y	

Scott, A. In and out of touch: observation and the passage of time.		Y Y	Y Y Y Y Y Y Y		Freud
Somaini, P. The eyes to see.		Y Y Y		Y Y Y	Bick x3
Caron, N.A et al. a place where verbalisation has no meaning.		Y Y Y Y Y	Y Y Y		
Stojkovic, M. Book Review- The silent child: communication without words.				Y Y	Bick x 2, Briggs x2, Freud x3 Rustin x5
16 1 Waddell, M. Infant observation in Britain: a Tavistock approach.			Y Y		Bick x3, Freud
Hall, R. some reflections on an observation.		Y	Y		Bick, Freud
Yeo, B. Building and collapsing towers.		Y	Y Y Y Y	Y	Bick, Freud x 4
15.3 (2012) Caron, N et al. Writing as a challenge in the observer's journey.				Y	Bick x 2, Freud x 3
de Rementeria, A. Managing Intimacy and Distance				Y	Freud x2 Rustin
Long, J. Bearing a beautiful daughter.					
Reid, M. For now we see through a glass darkly.					Meltzer x3
15.2 Adamo, S.M.G. Group learning in a young child observation seminar					Bick x 3
Sandri, R. the usefulness of baby observation as part of analytic training Nemas, C. Traumatic situations in infant observation.				Y Y Y	Rustin
Athanassiou-Popesco, C. The emergence of depressive pain		Y Y	Y	Y	Bick x 3, Briggs, Miller, Rustin
Worrall, C. I can because you can		Y	Y		Briggs
15.1 Klauber, T. Infant observation and the Tavistock model			Y Y Y		Bick, Rustin

Hollway, W. infant observation: opportunities, challenges, threats.		Y	Y Y Y Y Y Y Y		Freud x 2
Blessing, D. Beyond the borders of 'ordinary'			Y	Y	Bick
Rhodes, B. Masculinity in observation			Y	Y	Bick, Rustin x4
Cudmore, L. Finding a place for the baby				Y	Bick, Freud
14, 3 (2011) Castro, E. Observing a premature baby					Freud
Vivian, A.G. et al. making space for a fourth.			Y	Y	Bick
Parr, S. The comfort of strangers			Y		Bowlby
14.2 Reid, M. The impact of traumatic delivery		Y Y Y			Bick, Miller, Rustin
Rosa, E.D. The creative role of playfulness in development					Beebe x 2, Briggs
14.1. Athanasios-Popesco, C. Reflection on the nature of attention				Y	Bick x2, Freud
Vol 13. 3 (2010) Demby, G. Observation as an adjunct to psychotherapy.				Y	Bick x 2
Eskin, V. When a parent is serving in the armed forces				Y	Bick x 2, Briggs x 2, Freud
Moskowitz, S. Representations of mother in the daughter of a single gay father.		Y	Y Y Y Y Y Y Y Y Y Y		Bick
Hollman, L. The impact of observation on the evolution of a relationship between an at-risk mother and infant.		Y	Y		Bick x 2, Freud
13.2. Houzel, D. infant observation and the receptive mind.				Y	Bick
Prat, R. A time to see and a time to think				Y	Beebe, Bick x 2, Freud.
Mellier, D. the early psychic envelopes of infancy.	Y	Y	Y	Y	Bick x 2

Simon, J-A. The ogre and little thumb.			Y		Briggs
Rochette, J et al. Hunting for Butterflies.		Y	Y	Y	Bick
Groarke, S. making contact.				Y	Bick X 2, Freud X4, Rustin.
Sowa, A & Facchino, D. From shared bodies to nursing couple.		12 x Y	Y		Freud x2 Wright
13.1 Dubinsky, A. The musings of babies.			Y	Y Y	Bick x 2,
Lin, Y. H.C. Watching with a third eye..		Y	Y	Y	Freud.
Vol 12. 3 (2009) Roper, F. Riding the rollercoaster.				Y	Bick x 2
Thomas, L. Jack- an observation of a baby with adolescent parents	Y Y				Freud x 2
12.2 Catty, J. In and out of the nest.		Y Y Y			Bick
Ashcroft, A. Putting my glasses back on.			Y Y	Y	
Bloom, K. Embodied attentiveness.	Y	Y		Y	
12.1 Gulec, N. Separation: an end or a beginning?			Y	Y	Bick
Blessing, D & Block, K. Sewing on a shadow					
Fitzgerald, A. A psychoanalytic concept illustrated.					Bick x 2
11.3 (2008) Gillies, S. Being apart, the process of separation between a mother and a baby					

Appendix 3- Ethics and Interview Protocols



Date

Dear

I am an infant observation tutor in psychotherapy training and a psychotherapist, and I am conducting some doctoral research at the University of Northumbria on the effects of being observed in an Infant Observation.

I am writing to you as someone who has undertaken an infant observation.

We know quite a lot about the benefits of the observation experience for the trainee psychotherapists, but there has been much less research exploring the experiences of the families who take part. I hope that the results of this research will help the profession as a whole to know more about the value of these observations and to improve how we conduct them.

I would like to interview the family you observed, and also interview you about what effects you thought the observation had on the family.

If you agree to take part firstly it will involve you and I discussing how best to approach the family where you did your observation. Once they have agreed and I have done the first research interview with them I will be asking to meet with you. The interview will be open ended and discursive, and will last about an hour. We can meet in a place which suits you.

Your identity will be unknown to anyone but me and the thesis will not include any details about you; you will be referred to by a pseudonym. The interviews will be confidential; I will record them and the recordings will be kept in a secure environment and separate from any identifying details about you. You will be given a consent form to sign agreeing to your anonymous data being part of the research

and for any subsequent publication, but you can of course withdraw at any time during the interview or subsequently.

The research subject and design and has been accepted by the University and has passed the requirements of the Ethics Board.

Once we have met, I will transcribe the recordings myself. I will be trying to make sure that I have properly understood what you have been saying, and looking for general themes which emerge from what you have said which may be similar or different to the experience of other observers. I will also use this in thinking about the interviews with the observed families.

Once I have written up the parts of the thesis which include things you might have told me, I will ask to meet with you again and discuss what I have written with you. This will help me be sure that I have understood correctly, and give you the chance to change anything you are unhappy with. This would take a maximum of one hour.

If you would like to discuss this further, I would be very happy to tell you more about it; you can do this without any obligation to participate. My contact details, and those of my supervisor, are below. If you already feel you would be willing to help me with this, I enclose an SAE and agreement letter.

Yours sincerely,

Tel 01661 842727, email- jan.hepburn@northumbria.ac.uk

deborah.james@northumbria.ac.uk

Agreement letter

To- Jan McGregor Hepburn, NE437AU

I am willing to take part in your research.

The best way to contact me is.....

The best times are.....

Name.....

Address.....

Phone number[s].....



Faculty of Health and Life
Sciences,

Room C024

Coach Lane Campus.

Newcastle upon Tyne.
NE7 7XA.

Tel 0191 2156276

I have read and understand the purpose of the ☐ study

I have been given the chance to ask questions ☐ about the study and these have
been answered to my satisfaction

☐ I am willing to be interviewed

I am willing for my comments to be ☐ tape-recorded

I understand that I can withdraw at any time ☐ if I change my mind and that this will
not affect any aspect of my training

I am aware that my name and details will be ☐ kept confidential and will not appear in
any printed documents.

I understand that I can complain to the university authorities at any time if I am
unhappy with any aspect of the ☐ research or the way it is being conducted

I agree that information gathered during the research can be published. I understand
that my contribution will be anonymous ☐ and I will not be identifiable

Purpose of Study- To understand more about the effects of being observed as part of an infant observation.

Method of Study- Tape recorded interviews transcribed by the researcher and results analysed using a qualitative research methodology.

Researcher- Jan McGregor Hepburn. Tel 01661 842727.
jan.hepburn@northumbria.ac.uk or janhep@gmail.com

Supervisors- Dr Deborah James. deborah.james@northumbria.ac.uk

Dr Katie Lewis. katie.lewis25@gmail.com

Signed..... (participant)

Date.....

Signed..... (researcher)

Date.....

Faculty of Health and Life
Sciences,

Room C024

Coach Lane Campus.

Newcastle upon Tyne.
NE7 7XA.

Tel 0191 2156276

16.2.16

Dear X,

I am an infant observation tutor in psychotherapy training and a psychotherapist, and I am conducting some doctoral research at the University of Northumbria on the effects of being observed in an infant observation.

I am writing to you as I understand that you volunteered to be observed by Marion Lindsay.

We know the benefits of the observation experience for the trainee psychotherapists, but there has been much less research exploring the experiences of the families who take part. I hope that the results of this research will help the profession as a whole to know more about the value of these observations and to improve how we conduct them.

If you agree to take part it will involve you participating in a conversation about your experiences of being observed by a trainee. We can meet in a place which suits you. I will want to talk with you about your experiences and any effects you thought it might have had on you and your baby. I have a few general questions; I would just like to talk to you about it all. This might include talking about yourself and your feelings about the whole experience, but it will not be intrusive; hopefully you will enjoy our conversation. It will take about an hour. I will also be interviewing your observer as part of the research.

Most of the feedback we get is that the families and the babies enjoy the experience and it will help me a great deal in understanding more about the process from the participant's point of view. If as you look back over your experiences you find that you

have some strong feelings that surprise you, we will have time to talk about these and think about them together.

Your identity will be unknown to anyone but me and the thesis will not include any personal details about you; you will be referred to by a pseudonym. The interviews will be confidential; I will record them and the recordings will be kept in a secure environment and environment and separate from any identifying details about you.

You will be given a consent form to sign agreeing to your anonymous data being part of the research and for any subsequent publication, but you can of course withdraw at any time.

The research subject and design and has been accepted by the University and has passed the requirements of the Ethics Board.

Once we have met, I will transcribe the recordings myself. I will be trying to make sure that I have properly understood what you have been saying, and looking for general themes which emerge from what you have said which may be similar to the experience of other participants and which might make sense in the light of what we already know about this kind of infant observation and about observations generally.

Once I have written up the parts of the thesis which include things you might have told me, I will ask to meet with you again and discuss what I have written with you. This will help me be sure that I have understood correctly, and give you the chance to change anything you are unhappy with. This will take up to an hour.

If you would like to discuss this further, I would be very happy to tell you more about it; you can do this without any obligation to participate. My contact details, and those of my supervisor, are below.

Yours sincerely,

Tel 01661 842727, emails- janhep@gmail.com jan.hepburn@northumbria.ac.uk
deborah.James@northumbria.ac.uk

Agreement letter

To- Jan McGregor Hepburn, NE437AU

I am willing to discuss taking part in your research.

The best way to contact me is.....

The best times are.....

Name.....

Address.....

Phone number[s].....

Faculty of Health and Life
Sciences,

Room C024

Coach Lane Campus.

Newcastle upon Tyne.
NE7 7XA.

Tel 0191 2156276

I have read and understand the purpose of the ☐ study

I have been given the chance to ask questions ☐ about the study and these have
been answered to my satisfaction

☐ I am willing to be interviewed

I am willing for my comments to be ☐ tape-recorded

I understand that I can withdraw at any time ☐ if I change my mind

I am aware that my name and details will be ☐ kept confidential and will not appear in
any printed documents.

I understand that I can complain to the university authorities at any time if I am
unhappy with any aspect of the ☐ research or the way it is being conducted

I agree that information gathered during the research can be published. I understand
that my contribution will be anonymous and I will not be identifiable ☐

Purpose of Study- To understand more about the effects of being observed as part of
an infant observation.

Method of Study- Tape recorded interviews transcribed by the researcher and results
analysed using a qualitative research methodology.

Researcher- Jan McGregor Hepburn. Tel 01661 842727.
jan.hepburn@northumbria.ac.uk or janhep@gmail.com

Supervisors- Dr Deborah James. deborah.james@northumbria.ac.uk

Dr Katie Lewis. katie.lewis25@gmail.com

Signed..... (participant)

Date.....

Signed..... (researcher)

Date.....

Interview Protocol- Participants [the parent/ carer who was observed]

Background

Anecdotally and through reading I have some ideas about the kinds of things the parents/ carers say about their experience and their motivation for agreeing to be observed by a trainee psychotherapist. . They might say that they wanted to help someone, and that they think it is important to do something which might add to the knowledge about children's development. They often say that they like having someone coming every week, that it gives some structure to their day, and that they are pleased that someone is outside is taking an interest in their baby. They often say that it helped them look at their baby differently and with more interest when they saw the observer finding so much to see. They sometimes refer to being lonely and isolated, and valuing the observer's company, especially when the observer seems kindly disposed and warm. They often refer to being sad that the observation comes to an end, and wish for ongoing contact.

I want to find out why people agree to take part, which might include something deeper about their own context and experiences of being parented and being a parent. During the vulnerable time that the neonatal period is considered to be, it is highly likely that the parent/carers' own experiences of being parented, which may be unresolved, causing conflict and trouble for the parent/carers, may appear. How these are received and/or contained in the context of the observation will contribute to the value of the experience for the parent/carers.

I need to have some data but need to be careful not to be intrusive or disturbing to the participants. I want to find out what their experience of being observed was like and what sense they made of it, and how it might have affected them and the relationship with their baby. I want to know what kind of impact, if any, they thought it had on their baby. I also want to know how the ending affected them, and what they feel about it with hindsight. I want to know about their observations of the trainee, how the relationship developed and what they thought the trainee got from the experience. I will also be aware in case they may have found some parts of the experience difficult and need a chance to process that. Therefore, I propose a few open-ended questions which could enable them to tell me about all these things.

Generally, the questions would be open ended and around these areas. I would only ask the follow up question if the information had not emerged in the conversation. It is quite likely that I will get quite enough information just asking questions 1 & 2 and following the participants' trains of thought.

1. Can you tell me how you came to be taking part in the infant observation?
Follow up question -How did you feel about it and what did you expect it might be like?
2. Can you tell me as much as you can about the experience of it? Follow up question- can you tell me about the things you liked and things that were maybe more difficult?
3. What do you think the baby made of having an observer?
4. Can you say something about any way being observed affected you with your baby?
5. Can you tell me a bit about yourself and your family? Follow up question- did you notice any ways in which you thought your own experiences in your family of origin affected how you were feeling and functioning as a parent?
6. What do you feel about it with hindsight? Follow up question- can you tell me about how you felt about the ending of it?
7. How would you describe it to someone else? Follow up question- would you recommend it?
8. What did you observe about the trainee? Follow up question –how did this change over time?
9. What do you think the observer got out of it? Follow up question- what makes you think that/ have you got an example?
10. What did your partner and/or wider family members think about you doing this?

Interview Protocol- Observers

Background

I have heard a lot from trainee psychotherapists about how they feel about being part of an infant observation as part of their professional development. Usually they really enjoy it, and feel attached to the family and protective of them. They find the experience very powerful, and often come away from the observation full of feelings which have been evoked during the time they were there but which take time to metabolise. They value their seminar as the time to think about the experience as well as to learn about development. As they are getting ready to do an observation, they are often preoccupied with why the family would agree to being observed, and whether they will be seen as intrusive when they are observing. This settles down as the observation progresses, but they continue to discuss what the family and the baby are experiencing, and whether this is helpful to them. They are all aware of the generosity of the family, and sensible of the privilege afforded to them of being able to be present and watch such intimate processes.

There is previous research about the value to the observer in their training. In this research I want to find out what effect it has on the observed; thus the interviews of the observers will need to focus on the feelings they had in the observation and how they understood them, and what they thought and felt about the family's experience of being participants.

The questions will be open ended and general in these areas-

1. Can you tell me how you felt about the prospect of doing an infant observation?
2. How was it arranged?
3. Can you tell me as much as you can about the experience of it? Follow up question- can you tell me about the things you liked and things that were maybe more difficult?
4. What do you think the parents and the baby made of having an observer? In what ways do you think it might have affected them?
5. Can you tell me something about what you think you brought to the observation from you own experiences and history?

6. What do you feel about it with hindsight? Follow up question- can you tell me about how you felt about the ending of it?

Consent form after interview

name and address.....

☐ I have read the paper

I have been given the chance to ask questions ☐ about it and these have been answered to my satisfaction

I am aware that my name and details will be ☐ kept confidential and will not appear in any printed documents.

I agree that the paper can be published. I understand that my contribution will be anonymous and I will not be identifiable ☐

Signed..... (participant)

Date.....

Signed..... (author)

Date.....

Research Proposal Form

To complete the form, please type your responses into the text boxes, which will expand to accommodate the information you provide. For questions with the option of 'yes/no', please click on the appropriate box and type 'X'.

Depending on your research study, you may need to include supporting documentary evidence as part of this form. Please refer to the University Research Ethics and Governance handbook, or those provided by your Faculty or Service Department for information about the type of evidence you need to provide.

Project title:	The effects of being observed in psychoanalytic infant observation.
-----------------------	---------------------------------------------------------------------

Research Topics

Tick all relevant boxes that apply to your proposed research and then make sure that you also complete **all** of the relevant sections

1. People and/or personal data of a living individual ☒X

Participants are defined as including living human beings, human beings who have recently died, (cadavers, human remains and body parts), embryos and fetuses, human tissue and bodily fluids, human data and records (such as but not restricted to medical, genetic, financial, personnel, criminal or administrative records including scholastic achievements. Personal data is defined as any identifiable information that affects a person's privacy such as information which is biographical in a significant sense

or has the relevant individual as its focus rather than some other person or some transaction

or event. This includes video/audio and photographic materials

PLEASE COMPLETE SECTIONS: 1, 6, 7, 8, 9

2. Human Tissue ☐

Any material that has come from a human body that consists of, or includes human cells, with the exception of hair and nails from living people, and live gametes and embryos created outside the human body.

PLEASE COMPLETE SECTIONS: 2, 6, 7, 8, 9

3. Animal Subjects

. Any vertebrate, other than humans (mammals, birds, reptiles, fish, amphibia) and the invertebrate species, *Octopus vulgaris*

PLEASE COMPLETE SECTIONS: 3, 7, 8, 9

4. Secondary data (not in the public domain)

Secondary data involves the use of existing data (not in the public domain) with the permission of the Data Controller for purposes other than those for which they were originally collected. Secondary data may be obtained from many sources, including surveys, computerised databases and information systems.

PLEASE COMPLETE SECTIONS: 4, 7, 8, 9

5. Environmental data

Any outdoor fieldwork in rural, coastal, marine or urban environments and the temporary or long term effects the research study may have on people, animals or the natural or built environment.

PLEASE COMPLETE SECTIONS: 5, 7, 8, 9

6. Data in the public domain

Data which is obtained from secondary sources which are in the public domain (e.g. existing databases, archives) and which does not involve the direct involvement of human participants.

PLEASE COMPLETE SECTIONS: 7, 8, 9

None of the above

Please explain in the box below

--

If you are involving human participants, or are gathering personal data about a living individual then please complete all of the sub-sections in this section.

A: RESEARCH AIMS

Briefly state your research aims/questions.

The aim of the research is to find out about the effects on the participant families of infant observation used in psychoanalytically informed psychotherapy trainings. The questions to the participants and those who observed them are open ended and asking for their impressions, a description of their experiences and the meaning they ascribed to them. My research question from this is to ascertain what effect this has, whether the participants find it helpful, and if there is anything which can be done in the future conduct of these observations which could enhance any positive experiences and mitigate any negative ones.

B: STUDY DESIGN AND DATA ANALYSIS

Please provide a description of the study design, methodology (e.g. quantitative, qualitative), the sampling strategy, methods of data collection (e.g. survey, interview, experiment, observation), and analysis.

I propose to interview both carers with their infants and the trainees who observed them using open ended discussions based on general interview protocols (appendices 3 & 4). This will be qualitative research and I will analyse the data using Interpretative Phenomenological Analysis. I will record all interviews as well as making personal notes immediately afterwards. I will transcribe the interviews myself and be able to preserve their anonymity and confidentiality.

Ci SAMPLE

Provide details of the sample groups that will be involved in the study and include details of their location (whether recruited in the UK or from abroad). For most research studies, this will cover: the number of sample groups; the size of each sample group; the criteria that will be used to select the sample group(s) (e.g. gender, age, sexuality, health conditions). If the sample will include NHS staff or patients please state this clearly. If this is a pilot study and the composition of the sample has not yet been confirmed, please provide as many details as possible.

None of the participants are NHS patients or vulnerable adults.

I will use 4 participant dyads- the family who were observed and their observer. It will be up to the observed families who are to be interviewed but the most likely participant will be the mother. If the infant is present it will be with their carer.

If an observed family or an observer wish to participate but the other half of the dyad does not I will offer to interview them anyway so that they do not feel upset by being refused and it will still be interesting data for background to the research.

Participants will be self-selecting; I will contact the 10 trainees who have done Infant Observation with me as a tutor and let them know that I need 4 participant dyads and I will accept the first 4 who express an interest.

Will your study involve vulnerable people? Refer to the University 'Policy on Research Involving Children and Vulnerable Adults' for definitions and examples of "vulnerable".

☐

Yes

☒

No

If yes: Describe what role, if any, parents/carers/consultees will take in the study:

Cii If you will be including personal data of living individuals, please specify the nature of this data, and (if appropriate) include details of the relevant individuals who have provided permission to utilise this data, upload evidence of these permissions in the supporting documentation section.

No personal data involved

Ciii. RECRUITMENT

Do you already know, or have a connection with, the people who will be participating in this research study? (e.g. participants in the study are: friends; family; colleagues or contacts from work; students or pupils from your school, college or university; patients from your clinic; service users from an organisation where you work or

☒

teer)?

Yes

☐

No

Describe the step by step process of how you will contact and recruit your research sample and name any organisations or groups that will be approached. Your recruitment strategy must be appropriate to the research study and the sensitivity of the subject area. You must have received written permission from any organizations or groups before you begin recruiting participants. Copies of draft requests for organizational consent must be included in the 'Supporting Documentary Evidence'. You must also provide copies of any recruitment emails/posters that will be used in your study.

All the observers will have been part of my infant observation seminars which meet weekly. I will make it clear to them that there is no requirement to participate and a refusal to do so will not affect the rest of their training in any way, and that I will accept the first 4 who offer. I will not know the observed families and will rely on the trainee to give me details. They will also be reassured that there is no obligation to participate. All will be told about the arrangements for confidentiality and that they will see what I write and have a veto over anything written about them. (Appendix 1 & 2)

As I have discussed this informally trainees have expressed great interest and have already offered to take part; however to be sure that this is not just pressure to please me as their previous tutor I have informed their training [each trainee has a personal tutor which is not me] who have given support and will be able to ensure the trainees do not feel any pressure to participate. Also, if I accept the first 4 who offer they will by definition be likely to be the ones who are most interested, but if there are others who later regret not taking part I am willing to include them.

The observed families have already been volunteers and have always been told they could stop the observation at any time. They usually say that they enjoy the experience as well as being pleased to be able to help. I do not know them and they are no longer in an observation situation with their observer, [although there is usually some contact afterwards] so they should be able to refuse without difficulty.

Will you make any payment or remuneration to participants or their carers/consultees?

☐ Yes No ☒

If yes: Please provide details/justifications. Note that your Faculty may have specific guidelines on participant payments/payment rates etc and you should consult these where appropriate:

Civ. RESEARCH TEAM – DBS CLEARANCE

If you, or any members of the research team, will have regular contact on an individual basis with children or vulnerable adults as part of this research study, the relevant DBS (Disclosure and Barring Service) clearance may have to be obtained in advance. Check at the DBS website <https://www.gov.uk/disclosure-barring-service-check/overview> and then complete the sections below

Will you, or any member of your research team, require DBS clearance?

Yes ☐ No ☒

If yes: Provide details of the DBS clearance that has been obtained

Name	Type of DBS clearance (State: standard, enhanced, enhanced with lists)	Reference	Date of DBS check

D. CONSENT

Please indicate the type of consent that will be used in this study:

☒ **Informed consent**

Please include copies of information sheets and consent forms in the 'Supporting Documentary Evidence'. If you are using alternative formats to provide information and /or record consent (e.g. images, video or audio recording), provide brief details and outline the justification for this approach and the uses to which it will be put:

I will use audio recording for the interviews and transcribe them myself. This is congruent with the IPA method where the transcripts are analysed in depth looking at patterns and themes and have to include the researchers own reactions and reflections.

☐ **Informed consent in line with sections 30-33 of the Mental Capacity Act**

If the study involves participants who lack capacity to consent, procedures in line with sections 30-33 of the Mental Capacity Act will need to be put in place. Please outline the intended process for seeking consent and include copies of information and consent forms in the 'Supporting Documentary Evidence'. If you are using alternative formats to provide information and /or record consent (e.g. video or audio recording), provide brief details:

☐ **If using an alternative consent model (e.g. for ethnographic research)**

Provide a rationale that explains why informed consent is not appropriate for this research study and detail the alternative consent arrangements that will be put in place. Add any relevant supporting documentation to the 'Supporting Documentary Evidence' section.

--

E. TASKS AND ACTIVITIES FOR RESEARCH PARTICIPANTS

- I. Provide a detailed description of what the participants will be asked to do for the research study, including details about the process of data collection (e.g. completing how many interviews / assessments, when, for how long, with whom). Add any relevant documentation to the 'Supporting Documentary Evidence' section of this form.

Participants will be asked to have an open ended discussion with me which will be audio recorded about their experiences either in their own home or a place which suits them. They will have another visit once the data is analysed for them to see what I have concluded and comment on it but this will not be recorded.

- II. Provide full details of all materials that will be used. If materials you are using newly developed or unpublished materials these must be provided as Supporting Documentary Evidence

Materials used are available literature about infant observation, infant development and observation from the wider field of sociology.

- III. If the task could cause any discomfort or distress to participants (physical, psychological or emotional) describe the measures that will be put in place to reduce any distress or discomfort. Please give details of the support that will be available for any participants who become distressed during their involvement with the study.

It is very unlikely this will cause distress or discomfort to the participants. Informal feedback indicates that families and their observers find it a rich and enjoyable experience. In the unlikely event that something is uncovered which might cause distress I have access to help and referral sources and my own clinical skills to help.

2 HUMAN TISSUE

If your research study uses human tissue, all of the questions in this section must be completed.

A. SAMPLES

Provide details of the type of human tissue samples (e.g. blood, oral fluids, urine, saliva) and the number of samples the research study will collect and/or examine.

--

Will this research study use samples that have been collected by another organisation or institution?

☐

Yes

☐

No

If yes: Where applicable (e.g. commercially available cell lines) provide details of the supplier (company or institution name, address and telephone number). Appropriate letters of permission should be included as supplementary evidence. Describe any measures that will be put in place to meet the supplier's terms and conditions. (Note: arrangements about anonymising data, data storage and security should be provided in section 6). N.B. Primary cell lines and stem cells require consent documentation and compliance with HTA regulations.

Describe how the sample will be taken or collected and provide the names and university/company affiliation of the researchers or technicians involved in taking or collecting samples. If your study involves blood samples, name the trained phlebotomist who will be taking the blood samples.

Provide a schedule that shows the type of sample(s) (e.g. blood, oral fluids, urine, saliva) and the number of samples that will be taken from participants over your chosen period of time.

If the task could cause discomfort or distress to participants (physical, psychological or emotional) describe the measures that will be put in place to reduce any distress or discomfort.

Explain how the samples will be disposed of, or transferred to another facility after your research has ended.

If your research study uses animal² subjects or biological material from animals, all of the questions in this section must be completed. If the study has the potential to

² Any vertebrate, other than humans (mammals, birds, reptiles, fish, amphibia) and the invertebrate species, *Octopus vulgaris*

cause distress or harm to animals, you must consider the 3 Rs (replacement, refinement and reduction) and apply these principles to the study.

A. Sample

Describe how animals, or biological material from animals, will be used in this study. Your description should include: the species; the number of animals or the number of samples that will be used in the study; and if the study will take place in the natural environment or in research premises.

B. Source of sample

Provide the contact details (company or organisation name, address and telephone number) of the supplier who is providing the animals or animal tissue. If it is a commercial supplier, include a copy of the letter or email confirming the supplier's Schedule One status under 'Supporting Documentary Evidence'. If the supplier is a University, include a letter or email confirming that the animal was culled under Schedule One conditions under 'Supporting Documentary Evidence'.

C. Licenses

Does your work require licensing under the Animals (Scientific Procedures) Act 1986?

No

☐

Yes

☐

If yes: Provide details of the licences that you currently hold or will be applying for:

4. DATA FROM SECONDARY SOURCES

If your research will be using data from secondary sources (i.e. data about people that has not been gathered by you from the research sample and which is in the public domain) then the following sections must be completed.

A. DATA SOURCE

Describe any measures that will be put in place to meet the supplier's terms and conditions. (Note: arrangements about anonymising data, data storage and security should be provided in section 6). Where permissions are required to access data,

provide evidence of the relevant permissions you have obtained in the supporting documentary evidence.

If your research involves the cooperation of external organizations then relevant permission should be provided in the ‘Supporting Evidence Section’.

5. ENVIRONMENTAL DATA

If your research study involves taking samples from the urban or natural environment (e.g. (soil, water, vegetation, invertebrates, geological samples etc) all of the questions in this section must be completed.

A. SITE INFORMATION

List the locations where the data collection will take place including, where appropriate, the map reference. State if the location is protected by legislation (e.g. Area of Outstanding Natural Beauty (AONB), Site of Special Scientific Interest (SSSI), National Park etc).

B. PERMISSION AND ACCESS

Do you need permission to include the location(s) in the research study or to gain access to the site(s)?

☐

Yes

☐

No

If yes: State clearly the job title and contact details (address and telephone number) of the person you will contact to request permission. If you have already received permission, please include a copy of the letter or email confirming access under ‘Supporting Documentary Evidence’.

C. SAMPLES

Provide details of: the type of sample(s) you will collect (soil, water, vegetation, invertebrates etc); the size of each sample; and the spread of sampling across the location(s). Explain how the samples will be disposed of after the research is complete

Briefly explain why collecting the sample(s) is essential to the research study.

D. COLLECTION

Describe how you will reach the site and any potential pollution, noise, erosion or damage that could occur. Detail the measures you will take to reduce any impacts.

Detail any impacts caused by extracting the sample (e.g. disturbance of animal or bird populations; use and disposal of chemicals in the field; trampling or removal of vegetation; visual or aesthetic impacts caused by markers left on the site). Detail the measures you will take to reduce any impacts.

6. Data security and storage

A. ANONYMISING DATA

Describe the arrangements for anonymising data and if not appropriate explain why this is and how it is covered in the informed consent obtained.

There will be no need for anyone but myself to have access to the identities of the families or trainees who are participating. When I am visiting a colleague will know the address in case of mishap but this will be destroyed immediately I have returned. Their details will be in an Index List with a unique reference number and this will always be used to identify any data. Names and other personal information will not be associated with the data.

This conforms to the Data Protection Act 1998; the personal identifying details will only be given to me with the express permission of the participants, used only for the purposes for which they have given permission and will only be retained for as long as is necessary for the research. I will only be collecting data which is relevant to the study and all participants will be anonymous in the final write up. There will be no need in the thesis to include specific identifying features of the participants so they will not be recognisable to anyone but themselves. This is referred to in the information and consent letters.

Any information and data gathered during this research will only be available to me and my supervisors. Should the research be presented or published in any form, including the thesis, then that information will be anonymized and pseudonyms will be used.

B. STORAGE

Describe the arrangements for the secure transport and storage of data collected and used during the study. This should include reference to 'clouds', USB sticks.

I will make a paper copy of the Index List which I will keep at my place of work in a sealed envelope in a locked filing cabinet along with the details of my patients which are confidential and which my clinical trustees would only have access to in the event of something happening to me which would mean them having to contact my patients. I work alone and no one else has access to my office- I clean it myself. Other paper records will also be stored in a locked filing cabinet.

The recordings and transcripts will be only identified by the unique reference number and will be kept at my place of work; paper copies in a locked cabinet and electronic transcripts on my personal PC kept at my office, which is password protected. Recordings will also be password protected. Paper information will be in a named file, and electronic material in a file within my general doctorate file. The Index List will be in another file. This will conform to the requirement for a 'logical file structure'.

All electronic information will be treated in accordance with the Data Protection Act (1998). Electronic information will be stored on the U drive of the Northumbria University's system. This information will also be password protected. Data and information will be transported safely to the University as soon as possible after collection.

All information and data gathered during this research will be stored in line with the Data Protection Act (1998) and will be destroyed 3 years following the conclusion of the research. This is in line with Northumbria University's Research Records Retention Schedule (Northumbria University, 2014a). During that time, the data will only be used by me and my supervisors and only for purposes appropriate to the research question.

C. RETENTION AND DISPOSAL

Describe the arrangements for the secure retention and disposal of data when the research study is complete.

The transcribed data will be included in the final thesis and will be securely erased from my PC and my University email. Recordings will also be securely erased once the transcripts have been analysed. The identity of the participants and any paper material will be disposed of by shredding.

7. Intellectual property

Please provide details of any Intellectual Property issues or commercial implications arising from the proposed study. Please describe the agreements that are in place to protect / exploit the Intellectual Property.

None

8. Timescale

Proposed start date of data collection: ____January 2015____

Proposed end date of data collection: __December 2015____

I work for myself and have at least one day and 2 evenings per week [minimum 10 hours] for my studies. I have done practice transcribing and from this I think it will take me about 6 hours for every hour of interviewing to do the transcripts. This amounts to about 10% of the time I have available next year so it is quite achievable.

January 2016- December 2016 I will be writing up.

There are no financial constraints, I am self funding and have sufficient funds saved to see me through the whole programme and pay for any necessary travelling and other expenses.

9. Supplementary information

Please tick the boxes that relate to the supplementary documentation that you will attach as part of your submission:

- ☒ X Participant information sheet
- ☒ X Consent form(s)
- ☐ Debrief sheet
- ☐ Participant recruitment email/poster
- ☐ Unpublished (in-house) questionnaire(s)

☒ Interview / observation / focus group schedules

☒ Risk Assessments / Standard Operating procedures.

☐ Permission letters (e.g. from school, organization, team etc)

☒ Other documents (please specify below)

Full description of proposal including description of ethical conflicts and ways of attending to these.

Risk assessment form

Literature review

Ethics Submission.

Research Question and Aims

The aim of the research is to find out about the effects on the participant families of infant observation used in psychoanalytically informed psychotherapy trainings. The questions to the participants and those who observed them are open ended and asking for their impressions, a description of their experiences and the meaning they ascribed to them. My research question from this is to ascertain what the effects are, whether the participants find it helpful, and if there is anything which can be done in the future conduct of these observations which could enhance any positive experiences and mitigate any negative ones.

Overview

The polarities in any observer participant situation between the observer 'on the outside', who a passive recipient of the experience who does not change it, and an understanding of the observer's place as affecting the dynamic are also part of what needs to be considered in psychoanalytic infant observation. The exploration and teaching for the observer has to include therefore some thought about the observer's feelings and the intersubjectivity of the experience as well as teaching the observer to hold a helpfully neutral position. Through the examination of this intersubjectivity knowledge and understanding can be opened up; to argue that the

process can be constructed in such a way as to avoid the intersubjectivity in order to provide 'objectivity' is increasingly understood to be an illusion. These concepts and theories have led me to the design of this research proposal.

As part of their training in psychotherapy, trainee practitioners observe an infant from birth weekly in their family home. Generally, the infant is with their mother but other carers or family members could be present. These observations are part of most psychotherapy trainings, as well as other professional trainings. The observation experience is intended to give the trainee help to develop his/her core skills. They include attending to what is being said and which feelings are being expressed without offering opinions and solutions, and managing and containing strong feelings internally. It also gives trainees practical insight into normal infant development. Whilst this practice has been a key part of the early stages of psychoanalytic training for over 50 years there is very little research on the impact of the observation on the family. I am undertaking this research in order to inform my own practice as a training psychoanalytic practitioner and to support the creation of new knowledge that may inform the wider community of psychoanalytic practitioners in the UK.

Anecdotally we hear that observers, observed families and the infants really enjoy and value this experience but we know little about why and what they get out of it. I propose to interview both carers [with their infants present if they wish] and the trainees who observed them using open ended discussions based on general interview protocols (appendices 3 & 4). To date, there is very little research into this topic and none that has been part of a doctoral study or where the data has been analysed in the way I am proposing. I will analyse the data using Interpretative Phenomenological Analysis. There is an MA study (Bekos, 2007) where she interviewed 3 mothers and used Discourse Analysis to draw conclusions. There is a written account of interviews with mothers after the observation had finished after conducted by the tutor but these were not recorded and analysed according to qualitative research methods. (Watillon-Naveau, 2008)

As a training psychoanalytic practitioner, I tutor trainees in infant observation. I plan to invite these trainees, and the families whom they have observed, to take part in the current research. The research will be conducted after their infant observation has formally ceased with the family and after the tutorial seminars have been completed. There will be no requirement or expectation for trainees or families to participate and it will not affect the rest of the trainee's training. All material will be confidential and anonymous although personal information may be disclosed.

Background

The question of how to conduct this research in an ethical manner is inevitably coloured by the wider issues of the ethics of psychoanalytic infant observation. Since these were first set up in the late 1940s there is much more knowledge available both about the nature of observation, and the interactivity and agency of neonates and small infants. The original parameters of the observation were for the observer to try to be able to observe what happens without influencing it and for them not to interact with the infant too much, who, it was thought, would not be particularly reactive in the early months. Once the period of observation was finished, the observer usually did not visit again. A paper would be written about the experience, often without the families' knowledge and certainly without them having read it. The paper might be published.

Current thinking based on research findings has further emphasised the intersubjective nature of the psychoanalytic infant observation. Sociologists have long written about the impossibility of producing research that is not affected by the researcher and also note that non-participative observation is not usually possible in human sciences. (Weber, 1946; Silverman, 2000; Gillham, 2008). Infant researchers have been able to show that babies who are only hours old are interactive, have agency and respond to human faces and external stimuli. (Stern, 1988; Tronick, 1989; Trevarthen, 2012). The mother's attachment to the observer has been noted in some accounts (Bekos, 2007; Coulter, 1991). There are also some accounts of the infant's relationship with the observer and their natural desire to relate. (Hall, 2013; Henry, 2007). Spurning an infant or not responding to their gestures could be seen as unethical. More recent writers in the field of psychoanalytic infant observation (Thompson- Salo, 2014; Klauber & Hindle, 2004) have noted that the ethics of infant observation have adapted and changed in the light of this knowledge and the lived experiences of the observers over the years.

The ethics of the writing up of the observation has also to be considered. It could be unhelpful to the family to read about the observer's experience and what they made of it, but overall the view of this has changed in the profession generally; it is of note that papers are no longer accepted by the Journal of Infant Observation without the express permission of the family concerned. Thus, papers need to be written in such a way as to not only protect the confidentiality of the family but so as

not to cause them distress or undue disturbance. However, something needs to be written which speaks at sufficient depth about the subject and which attends to difficult issues.

This context must inform my ethical considerations for this research, as well as the wider context of ethical consideration for all research, in particular qualitative research. By its nature qualitative research often means quite intense and personal contact with the participants (Mason, 1996), therefore special care needs to be taken to ensure that the participants are undisturbed and unharmed by their involvement, and that they have been given the opportunity to understand what is involved before they can give informed consent. Spradley (1980) quotes the principles adopted by the American Anthropological Association in 1971, noting that the researcher's overriding responsibility is to the participants in the research, and if there is a conflict of interest their needs must take precedence. The researcher must do whatever is possible to safeguard the dignity and emotional wellbeing of the participants.

In this research, the participants include carers, possibly infants, and trainees, this sensitive area of protecting participant's rights will be explicit from the outset in the initial information and consent forms (appendices 1a-c & 2a-c). It will be uppermost in my mind during the interview process and in the analysis of the data using IPA. IPA requires rigorous attention to everything said and done but also to my attitudes and preconceptions. Both my and the participants reactions have to be openly considered in the analysis of the data, and participants will be able to read and comment on this. In this way they will have agency and influence in what is written and how we arrived at the conclusions together. This should ensure that they feel their privacy is respected and their dignity preserved; should they have any concerns they can withdraw their consent at any time. They can also stop the interview at any time. Working in this cooperative way would also give me the best chance of including in depth all relevant subjects in a way which does not avoid issues but also does not unduly disturb the participants.

Anecdotal and unstructured feedback from participants indicates that they enjoy being part of the infant observation and feel they benefit from it. A piece of previous research (Bekos, 2007) indicated that the mothers could feel sad at the ending of the observation. Another Infant Observation tutor (Watillon –Naveau, 2008) has visited every one of the participants the trainees in her seminars observed and writes that this was a helpful experience for the participant families. In the light of the foregoing, I have endeavoured to design a research study which will preserve the

emotional wellbeing and the dignity of the participants, and offer them as much as is possible to be helpful to in thinking about their experiences and in what they read of my writing about them and their observers experiences with them.

Literature Search

I have conducted a literature search and review [Appendix 5]; obviously this is ongoing as there may be other relevant texts being written. I have learned that there is a lot written about infant observation, generally in the form of a paper about the observers' experiences and the conclusions they have drawn. There are also theoretical papers about the use of infant observation for training, and for therapeutic purposes. Authors often mention the effect on the infant and/or the carer but very little is written specifically about this topic, and no doctoral research exists. There is an MA, and a doctoral study into the value of infant observation for training of psychotherapists.

Methodology

The conflict referred to in the overview has a parallel in psychoanalytic research. There are several researchers who have developed outcome data to hope both to prove the validity of the psychoanalytic method and to find out how the treatment worked (Wallerstein, 1986; Luborsky, 1976). This involved examination of interview data which could be coded using qualitative methods and which aimed to illuminate psychoanalytic concepts. However, the endeavour was to provide data which was as 'uncontaminated' as possible with the clinician's or researcher's own input and it appeared to offer independent findings. This method became less useful and possible as the field of clinical practice expanded and there was less agreement on the definitions of the concepts themselves. This has coincided with the development of psychoanalytic research methods in which the subjectivity of the clinicians and researchers is considered vital data which needs careful examination. (Tuckett, 2008) From this examination about the psychoanalytic process narrative constructions emerge which can illuminate what is happening in the clinical encounter.

This conflict persists in psychoanalytic research, as Hinshelwood (2013) notes, but also in the clinical situation and in training. There is a conflict between the recognition of the relational and intersubjective nature of the treatment situation, and the requirement to conduct the treatment 'in abstinence' where the clinician's own views and contribution to the situation are outside of the discussion within the clinical

encounter. As a participant observer in the field I have noticed that the latter tends to be thought of as the 'ideal' whereas the former is more frequently found in practice. There are of course dangers and ethical risks in the extremes of either position. In the light of this conflict, for my research I propose to use participants where I have been the infant observation tutor myself. This means I will have heard about the infant and the family, and I will know the observer. This has been a complex decision to make. Using other tutors' observers and participants looks as if it might offer more independent findings. However, as well as the complications of another variable- the tutors' inputs and views- which would have to be analysed alongside the rest of the data, it would be in danger of enacting the illusion previously referred to; that it is possible to get 'uncontaminated' data in this situation, and that only 'independent' data offers valid research findings. Noting my own reactions and preconceptions as the interviews and transcribing them unfolds accepts and uses the inevitable intersubjectivity of the encounters rather than seeks to minimise it, and this has an exact parallel in the infant observation situation. The best chance of finding something authentic and possibly useable for the future is to embrace the intersubjectivity and to use and include myself as researcher with prior knowledge. I am well practiced clinically in both entering the dynamic and being able to observe it and although there will of course be aspects I will not be aware of I will use triangulation discussions to assist with this. (See below for further description of proposed triangulation). This way is central to the IPA method where specific note is made of the value of the researcher's involvement and reflexivity. Careful structural analysis of the text with all the information- words, silence, gestures, body language, emotional valence and my reactions and thoughts using the Interpretative Phenomenological Analysis method will allow for the development of understanding of the different levels of experience and to finally draw conclusions from both the data and the possibility of interpreting it using relevant psychoanalytic concepts.

Another reason for using IPA as an analytic method relates to these current controversies in psychoanalytic research. The polarities are between the hermeneutic and relational view and the structural and perspectivist view. The former indicates that the meaning of the unconscious material is constructed by both patient and clinician within an intersubjective matrix. The

structural and perspectivist model suggests that the views of the patient and the therapist can only be partial and from their perspectives; the unconscious meaning of the material and the conflicts which drive symptoms also are subject to human 'givens' which can be understood within the psychoanalytic model of the mind and

what this offers about causation. Of course, neither is mutually exclusive and both need to be taken into account. IPA, with its twin focus on both the inevitable involvement of the researcher and the later opportunity to use theory and a third perspective to examine and draw conclusions about the meaning of the data is therefore congruent with both the aims of the research and sits within the current thinking in psychoanalytic research as a whole.

Triangulation is particularly necessary in IPA as the researcher's own perspective has to be taken into account, and care taken to ensure as far as possible that the researcher's preconceptions are not colouring either the interviews or the data analysis. Although this is something I have had practice at as a clinician, the IPA method is not designed for clinicians specifically and can be used by any researcher. In this research, there will be 2 triangulation processes. In the analysis of the texts both of my supervisors are willing to do some analysis with me and we will be having 3-way meetings to consider the transcripts.

One of my supervisors is a university academic and the other has led the infant observation training at UNN and is also a clinician. This will be a rigorous process of analysing the text at depth and 'in the round'. The second triangulation process will come once I have begun to extract some tentative themes from the transcripts; this will involve meeting with national colleagues who also are experienced infant observation tutors and who will be able to offer both confirmations and disagreements from their own perspectives and experiences.

Design

This is a qualitative study to explore the impact of infant observation using an interpretative paradigm. There are two types of participant; those who agreed to be observed and the trainees who observed them and I propose to interview 4 dyads of carers and trainees. I do not intend to interview participants whilst the observation is in progress; all indicators are that it is a sensitive process and my involvement would be likely to interfere with the experience. I will contact trainees and ex trainees to ask them for the contact details of the family they observed, and if they would also be willing to be interviewed. I will then send a letter to the family, or ask the observer to, depending on what seems best from their knowledge of the family concerned. In all cases I will be able to make it clear that the information gathered is confidential, that there is no requirement to participate, and no consequences of a refusal. This has

particular relevance for the trainees who may still be in training and may have a fear that if they refuse it could affect their training prospects. I will make an explicit statement that they are free to refuse and there will be no consequences for their future training or prospects; this will be supported by their training organisation who has agreed to this and each trainee also has a personal tutor whose job it is to help and support the trainee through their training.

I will ask all the participants if we may have another meeting once the data is analysed, and I will give them the work that relates to their contribution, in order that they feel their confidentiality is protected as well as to try and explore the validity of the data. I will give participants right of veto over any direct quotes used. I will ask them at the outset to sign a release form so that the research can be disseminated, and published if possible.

Sample

I do have quite a large sample size (4 dyads); this is not to move towards quantitative research but to try and get a broader picture of what the effects are.

Interviewing their observer is to enable as far as possible conclusions to be more easily drawn about the meaning of the experience for all the participants. I intend to pilot the research starting with one family and their observer. This should help refine the approach and my abilities as a reflexive researcher, and check that my interview approach is ethical and stands the best chance of eliciting useable data.

Data Collection

I will both keep written notes after the interviews, audio record the interviews and transcribe them myself. I can see this will be laborious but will give me the best chance of immersing myself in the data and recording accurately the non-verbal aspects of the interview and including my own reactions and impressions. This will also safeguard the confidentiality of the participants as no one else will need to know their identity or hear what they have said.

Data Analysis

I propose using Interpretative Phenomenological Analysis- IPA. The 'double hermeneutic' of IPA works particularly well with this topic; the observer both observes the carer/infant interaction but inevitably also affects it. Similarly, the researcher both

learns about the effects of being observed from the insights gained through interviews with the family members but will also affect what the participants made of their experience through the experience of the research interview and learning more about their observer's perspective on the observation. I will transcribe after each interview; obviously successive interviews may be coloured by what I found in the previous one, but the reflexive and open aspects of qualitative research will keep me alert to the possibility of finding different themes.

Participant Safety

Participants usually feed-back that they have enjoyed the experience of being observed and being an observer. It is unlikely they will be disturbed or upset by talking about the experience and what they made of it. If this should happen, I have clinical skills and access to other help should anyone need it so I feel confident that I can make sure that the participants are emotionally taken care of and treated with dignity. Smith, Flowers and Larkin (2009) in describing the interview methodology of IPA note that the interviews should be as open as possible, and the discussion should be led by the interviewee's concerns. They say that this not only increases the depth and richness of the data, but centrally, as the participant is the 'expert' in what they have experienced it allows them to express any difficulties they may have encountered. They go on to say that within IPA it is then appropriate to think with the participants about how they might be able to resolve any difficulties and where they might get help if necessary.

There are no physical safety issues and the infants will be with their carers.

The observed families are already well known to the trainee who observed them, and there will have been no safety issues identified with regard to the infant or the family. Should any emerge in the course of the interviews I will discuss this with my supervisors and be guided by them as to the appropriate action. In an emergency I will act as a citizen and then report to the university authorities.

Researcher Safety

The participants will all be known, either to the observer or to my colleagues. I anticipate that the interviews will be carried out either in the families' homes, where the observer has safely visited every week, or in the observers' places of work. The topic is interesting and personal but not threatening. I have completed a risk

assessment [attached] and will take the precautions required in the University's lone worker policy.

Consent

All participants are adult and not vulnerable; if the infant is present it will be with their carer. I will offer them chance to talk to me informally before agreeing to be a participant, and that they will see what I write about them. Thus, I anticipate informed consent will be possible and safe. Obviously, there are levels of consent in such a research process and I will be alert to the continuing need to re-establish consent when and if deeper and more personal material emerges. I will also make it clear to all participants that they can require that any direct quotes or identifying details be removed.

Feasibility

I have access to the national trainers in Infant Observation and close contacts locally with many observers. Currently there is a group of 10 trainees locally all of who have expressed a willingness to participate. I think it is quite feasible therefore to get participants. I expect to spend a year collecting, transcribing and analysing data and then a further year writing up. There are no financial implications for this study. I am self funding and will be doing the research interviews locally. All the participants will be volunteers. When I come to my second triangulation process, with the national (and two international) infant observation tutors, I can fund and am funding necessary visits without difficulty.

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Appendix 4- IPA/Psychoanalytic papers- Search

Figures in brackets show the number of IPA papers offered, followed by the number which included anything psychoanalytic.

British Journal of Health Psychology (0/0)
Clinical Child Psychology and Psychiatry (0/0)
Clinical Psychology & Psychotherapy (27/0)
International Journal of Qualitative Studies on Health & Well- Being (173/0)
Psychology & Health (0/0)
Psychology & Psychiatry Journal (0/0)
Psychology & Psychotherapy: Theory, Research & Practice (1/ 1)
Wiley on line Library- (6826/ 0)
Sage Journals (10295/ 0)
Journal of Analytical Psychology (9/1)
Journal of Infant, Child and Adolescent Psychotherapy (9/2)
Early Child Development & Care (33/1)
The Psychoanalytic Study of the Child (0 from 2007)
British Journal of Psychotherapy (2030, 52 references, 0 research papers)
International Journal of Psychoanalysis (853, 177 references, 0 research papers)
Book- Child Psychotherapy and Research. New Approaches, Emerging Findings. (1/1)

Appendix 5- Transcript Analyses

Transcript analysis Dyad 1

Congruences

- 1] They told me a similar story about how the observer was introduced to the family. (Observed lines 9-13, observer lines 23 & 24) They both noted that the observer was anxious at first. (Observed lines 371-375, Observer lines 22 - 30)
- 2] Both told me they were sad at the ending. (Observed lines 339-364, observer lines 185-200) The observer's description was very vivid. (See below)
- 3] Both told me about the baby of the family who had died (see vivid descriptions). The observer told me much earlier in the interview. (Observed lines 311-316, observer lines 118-134).
- 4] Sleeping. The mother told me very early in the interview that "B was sleeping quite a lot" early in the observation. (Line 22) She went on to comment that watching the observer watching the baby had helped her be "much more aware" of what the baby did. The observer's account confirms this (lines 241-244); she had clearly observed the detail of the baby's sleep activity. Later in the interview with the mother I returned to the topic of sleep, (Lines 380-389) and she gave another vivid description of the how the baby would never have a dummy but when he was asleep he sucked his lip instead. This was in the context that observer had noticed him doing this.
- 5] Both told me about the present the observer gave the baby for his first birthday. (Observed lines 342-346, observer lines 256 & 257)

Discongruences

There is one discongruence which particularly stands out, about the baby's reaction to the observer. The mother said that "he was shy at first but he came round really quickly to her" (lines 65-68) when she came back for a visit. I asked if he had remembered her and she thought not, but indicated that she had seemed "familiar" to him (line 72). Later she said "he was never shy of her" (lines 195 and 459-460). The observer told me that "the baby never came near me for a whole year" (lines 74 & 75). She also said that as a babe in arms he would look "horrified" when he first saw her. When she went back for a visit he still "didn't come anywhere near" her. (Line 111) The observer said three times that the baby looked at her; to show her what he was doing (line 78), and once

she thought he needed something (line 178- see vivid descriptions). She spoke later about the baby again looking at her (line 267). She also referred to him being happy to have her in the kitchen when he was eating, (lines 92-95) but she thought this was more because the food was taking his attention.

I am not sure quite what to make of this. Both mother and observer spoke very positively about their experiences together, and in their different ways both were clearly invested in the baby. It is possible he was just a cautious and thoughtful character; the observer referred to this later (lines 259- 265) saying she thought he would be “an observer”. I think it is also possible that the mother found it hard to share her baby, although she was glad she did. She and I made references to this (lines 143 -148) and explicitly linked it with her lost babies (lines 321-333). I do not think there was anything unusual in the baby’s reaction to his observer, what they described seems quite normal. My conclusion is that the baby had an unremarkable ambivalent reaction to being observed but because of previous losses both the mother and the observer were more in touch with the ambivalence and this is communicated in this incongruence. Otherwise the accounts were largely congruent. The mother did comment more than once about her curiosity over what the observer said about them and what she wrote (lines 95-100, 124-127, 134-136) which was not mentioned at all by the observer.

Use of direct speech

The mother used direct speech five times. The first time was about how she came to agree. (Line 7) The second and third times were her own narrative (lines 29, 53 & 54). The fourth and fifth were when she used the observer’s words (lines 129- 130 & 374). All but the first were in direct relation to the observer- what would she think about the mothers’ handling of a fractious baby, how the observer had seen the baby pick up some fluff, and finally the observer’s competitiveness in the seminar about the baby’s development and her anxiety when she first started.

The observer used direct speech eight times. The first was a dialogue; other people praising infant observation and her being sceptical (lines 13-15) The second was in speaking about the parents telling her they had lost a baby (line 119) and the third was also related to the baby who died (lines 132 & 133). The fourth time was when she thought the baby was communicating ‘do something’ (line 179, see vivid descriptions)

and the fifth when she was describing the end of the last poignant observation (line 196). The sixth was when she spoke about her own feelings about being an observer and related it to her own history (lines 215- 217). The seventh was also about what

had happened to her (line 315). The eighth was what she had said to the mother in after the observation had finished in response to the mother emailing her and sending two photographs (lines 355 & 356).

Vivid descriptions

1] Mother described a scene in a very lively way where she was filling in a health visitor form and wondering out loud about baby's fine motor skills and the observer pointed out that at that moment the baby has seen some fluff on the floor and picked it up (lines 26- 33). I spoke to the observer about the mother's memory of this (lines 146-150) The observer looked very pleased and then went on to speak about the mother's isolation and sometimes having a lot on her mind. Soon after this I asked about "big events" which stood out (lines 164 & 165). The observer went on to describe a lot of feelings that she would come away from the observation with, sometimes positive and sometimes painful. She then described a time when she felt the baby was sad, towards the end of mother's maternity leave, and then described the sadness everyone seemed to feel at the last observation (lines 172-184).

2] Although both said they were sad at the ending; the observer gave a very vivid description of what happened. She described it as "powerful" and that they had both "filled up" with tears (lines 188- 200) I then asked a question which links with my reflections on the dynamic (see Reflexivity section)

3] Finding out about the loss of the baby in the family was described very vividly by the observer (lines 188-135). It was described in less detail by the mother, without expressed emotion, but I noticed how sad she looked even when "she was telling me how funny and lovely" her two boys are. She also told me about miscarriages, which the observer did not mention. (Lines 311- 323) This part was followed by a vivid description (lines 324- 333) where she told me how particularly precious her babies were and how much she liked the "chance to show him off". She then said that the observer "being there was a big part of that".

4] The mother first described the struggle to get the baby to have a dummy like their other son had done, and then spoke about how the observer had helped the process of her realising that he was sucking his lip instead. She finished by saying that it was lovely as it made her "remember little bits like that"

5) The observer spoke with feeling about the mother communicating her sadness at times and how this could leave her feeling at the end of the observation. She then spoke about a particular time where the mother seemed, unusually, listless, and the baby looked at the observer in a way that made her feel he was asking for help – "do something" (lines 166- 181).

Strong feelings

1] Being 'watched/ judged' and being 'put at ease'

The mother used the words like 'watched' and 'looking' 18 times. Early in the interview when I asked if there was anything she had not liked about being observed, she began by saying it was a "big commitment" (line 43) although later she noted that it had not seemed long at all (lines 81 and 428) She went on to use the phrase "nerve wracking" which I picked up and wondered if she felt she might be being judged (lines 44- 49- see Reflexivity). In speaking about the baby's father, she said he really would not have been willing to be observed (lines 103- 109). I asked if he might have felt it was intrusive (line 110- see reflexivity) and she agreed, repeating the word, and then suggested that he just would not "see the point" (lines 112-115). The observer used the words intrude or intruding 6 times, in the context of wishing not to be intrusive and noting that the family did not make her feel intrusive. Later in the interview, speaking about the seminars, the observer spoke about the other observations, and used the word "judgemental" twice (lines 299 & 301). It seemed that the observer herself had felt somewhat judgemental at times about these other observations, being glad that hers was so "serene". I noted that "I found this very surprising" and that the seminars had been careful not to be judgemental in tone at all. I later thought that the observer had "felt very judged in her own role as a mother" (lines 290 -302). The observer felt it was important for them to know she had children and to give them "a bit of reassurance" (line 47) She used the word "friendly". Towards the end of the interview the mother said that she had thought the observer was "great" (line 263) but indicated in many places nodding and smiling that she had felt generally comfortable around the observer. She also showed that it mattered to her that the observer was attached to the baby and invested in his development. She gave examples of what the observer had seen. (Sleeping, above and vivid description 1). She said that the observer "sort of grew to love him really", that she was sad at the ending and how lovely it was that the observer had come back to visit. She said they "had a laugh" (line 32) that the observer had noticed his motor development. (Vivid description 1). She also described sitting on the floor with the baby and the observer just watching (line 247). What I thought was particularly interesting was the mother saying that her observer was "lovely" and had a "really relaxed attitude" (lines 58 and 59) and then said that she was "going to drop her in it" by telling me that the observer had been really helpful by reacting and interacting "a little bit" and mother knew this wasn't how it was

“supposed” to be (lines 59-61). I reassured mother (line 62). It seems that what the mother found helpful and made her feel comfortable was not how she thought the observer was supposed to behave.

2] “Lovely/ Loved”

The words lovely and loved were not used by the observer, but there were many examples of positive feelings. In the first minutes she said “excited” and “exciting” (lines 9 and 18), and that it was “nice” twice (lines 32 and 36) and that it was a “privilege” (line 37). She said four times that the baby was “happy” (lines 90-94 and 280) and twice that he “loved touch and feel books” and she had bought some for a present (lines 256 and 257- see congruences). She said twice that it was “great” (lines 283 & 284). Speaking about the seminars and then going on to talk about her own experiences, the words support or supportive were used seven times (lines 216-393). I think this was related to what I noted in the previous section; that the observer felt judged and not supported in her role as a mother. (See reflexivity).

The mother said love, lovely and nice 22 times in the course of the interview about her experience of being observed and the baby’s reaction to the books the observer gave him.

Motivation

The mother made three references which related to the question of why she agreed to take part. At the beginning she twice referred to how hard it must be to get people to volunteer (lines 7-8 and 17). She said “I’ll do it for her”. Later she said “I hope she got a lot from it” (line 252). The observer also made three references to why she thought the mother had agreed, looking a little deeper each time. The first was her idea that the mother had a more professional interest (lines 50- 53), her second was that she thought the mother found it helpful being with someone in a similar kind of work (lines 67- 74) and lastly that the mother did struggle sometimes; she was without much family nearby and she was having to bear her feelings about the baby who died (lines 153-156).

Silences and ‘Turn Taking’

There were 12 silences in the interview with the mother. 9 were for 2 seconds or less. Of the other 3, one was 4 seconds and 2 for 6 and I then spoke (lines 287, 336 and 367). There is a lot of ‘turn taking’ in this interview. (See Reflexivity) There were 41

silences in the interview with the observer, all but 4 for 2 or 3 seconds. After 7 silences I spoke, the rest seemed part of the observer's thinking process. 3 silences of 4-6 seconds were when I was speaking, where I was also thinking. The observer's last silence came very near the end of the interview (line 369) and was her longest- 5 seconds. She then spoke about how the experience had helped her "lay a few things to rest" about her own experiences of looking after a baby. (Lines 369- 375). I think the 'turn taking' in this interview was unremarkable, and I notice that it is very similar to the other transcripts I have analysed. I did not feel the same pressure to speak as I had with the mother.

Reflexivity

These were the first interviews of each dyad that I did. I had no reason for this but I realise that they were the first participants to respond and thus I made the first appointments with them. It is not the first transcript analysis however, but the third. I think in some ways the interviews were atypical. The first one, with the mother, I was obviously anxious and talked too much, and at first I thought this accounted for the different tone of the interview and transcript. However, at more depth analysis I began to think that I was also responding to the mother's communications that she needed to know a lot about the process and what happened to her observer's views about her and her baby. The mother's communications were often nonverbal; she had particularly expressive eyes and I sometimes felt pressure to reassure her. I described them to my supervisors as 'pleading' which is rather strong for something so subtle. In the 3 longer silences I felt the need to speak which is something I am normally used to managing without acting. I think perhaps there was more subtext to these interviews than the others; the mother had lost a baby and the observer had been depressed when her children were babies. I also thought there was a point which illustrated projective identification particularly well. In the second level of the analysis of the observer I noted several points where I thought there was evidence of projective identification where the observer was describing her interaction with the mother and baby. (line 59, lines 166-170, 186-223) By the last example I thought that I too was now in the process of a projective identification; picking up the projection resulted in me asking something (lines 201-203) I had not planned to ask. In the interview with the mother, this happened even more explicitly. This happened in lines 349-353 where the mother said about the ending that the observer had "more to lose" than she had. I said to the mother that this "makes sense". It does not really make sense in the context of the observer's whole experience and this as part of her training, but it does make sense in the mother's context; she did have a baby in her

life who she suddenly does not see any more. After my response she went on to talk warmly about missing her observer; I responded to the feeling tone by remarking on the preciousness of the day and the mother agreed and noted how much her observer was part of it.

There are other possible examples earlier in the interview. I asked if there was anything she had not liked and she used the words “nerve wracking”. I asked if she might have felt writing in my reflexive notes that I “felt strongly that this was what she was trying to convey”. She went on to use one of her few direct speeches, about someone watching her (lines 44-57). Another example was when I asked about the father’s view of the observation. After what she said I asked if he felt it was “intrusive”. Transcribing I noted “this looks like I am leading her. ... it is what I was picking up very strongly, that I was now intruding into something” What the mother said I think projected ‘intrusion’ as a possible issue. I responded in asking the question but also in feeling I was being intrusive. Projective identification would involve my feeling and acting something but also her identifying me at that moment with what she had projected. This exchange was followed by a two second pause and then I spoke about feeling gratitude to those who agree to be observed. The next exchange we had led me to feel that she was “very anxious” about what I might have thought as the seminar leader about her mothering. I reassured her (lines 102- 133).

I thought a lot about this dyad in particular trying to explore what had happened dynamically. Both interviewees were very positive, and I felt particularly warm and well-disposed to both of them which I think was partly a reaction to what they had struggled with. I noted in my earlier stage of analysis that I thought “this has been a good ‘match’; the observer had been able to use her own experience to imaginatively enter something of the mother’s world, and offer something which they both benefitted from.

The other thing is I think demonstrated in our interaction, and relates to Winnicott’s concept of the ‘good enough’. We were both engaged in repairing and putting together the difficult experiences she had told me about in her life, and in the observation. I tell her that the mother had appreciated her involvement; she tells me that it was a very good experience for her. She is clear that the mother and baby did well together and the observer feels pleasure that she has in some way assisted this. The tone of the conversation at this point was reflective and calm; the words could convey a kind of manic denial of the difficulties but all her body language and my response led me to feel that this was an integrated experience and something important had been resolved.”

Theory and lived experience

1] Healthy narcissism

Towards the end of the interview with the mother she was able to show her healthy narcissism best. Her previous comments about what the observer had seen seemed often more in the context of her wanting the observer to have a good experience – for example lines 132 & 134 where she says he “hit all his milestones” and did not “disappoint” the observer. There were other times when it seemed more related to her wanting to see more herself of the baby’s development- for example she said there

might be “things you would miss” (line 25) and that watching the observer observe helped her do this. Later she was speaking about how well the baby and his brother got on- “brilliantly” (line 320) and then said being observed was “a chance to show him off” (lines 324 & 325). The context of this mother and baby I think may have affected the possibility of healthy narcissism. I felt clear that she was proud of her children and delighted in their development, but having had so many losses it would have been more difficult to fully inhabit the position of healthy narcissism. The observer’s tone and tenor all through the interview indicated that she had seen this family as competent and had clearly delighted in the baby and observing him. Most of what she said about the family however was around the struggles she perceived and obviously could in some ways identify with. It was not until near the end that she described them as “organised and serene” (line 293). The observer also commented three times on the baby looking at her and she felt that he was aware of her and he wanted her to see what he was doing, for example she said “towards the end, he would show off” (line 78). This could indicate the baby’s healthy narcissism; his pleasure in his ability to do something and he wanted it to be seen and admired. The other possible example of healthy narcissism is in the observer’s feeling that she was helpful to the baby and the mother. Noting that the baby would watch her she felt that this was something he needed. She also related how she thought she “became important to the mother” (line 67). She also felt that part of the process of being observed had helped the mother ‘work through’ something about the baby who died (lines 120 -145).

2] Holding and Containment

The ‘keeping in mind’ which is part of the maternal holding function was well described by the mother in her experience of the observer throughout the interview.

She referred 5 times to the “watching” [see above] the observer did in a way which indicated she really liked this. Her last reference was almost at the end, where she said “it helps you watch over your baby.... In ways you wouldn’t have done before” (lines 430 & 431). The observer seemed to be doing more processing than holding in mind, which is related to containment. She described sometimes have feelings which she thought were not generated internally but were projections from the mother and baby and which she tried to process. [See vivid description 5]. There is a question as to whether this is a psychic ‘division of labour’ which is likely to a part of any observation of this kind, or whether it is particular to this dyad. Obviously, both did both, but the transcripts indicate that the mother did more holding, and found the observer’s activity supportive in that, and the observer did more containing.

3] Projection and projective identification.

In vivid description 5 and within the Reflexivity section I think projection and projective identification can be seen. The observer was aware of how she felt after the observation which she understood as largely emanating from the mother and baby. She later (lines 204-233) showed that she was able to distinguish her own feelings from those she was picking up. The poignancy she referred to, and the strong evoked emotions- “do something” and “heart-breaking” indicate that the observer was really in tune with what the mother-baby couple were at that point projecting, and responding to it.

Transcript analysis Dyad 2

Congruences

- 1] Both said it was a good experience; the observed felt she got a lot out of it and the observer thought so too. [Observed lines 24, 29, 39 53, observer 278- 288, 408-410]
The observer also noted she got a lot out of the experience professionally, and also from the accompanying seminars. [Lines 362-379]
- 2] Both spoke about the family doing up the house and moving. [Observed lines 567-571, observer 325-333]
- 3] Both noted they were sad at the ending. [Observed lines 113,118 & 126, observer 228 & 229]
- 4] Both referred to the observed’s wish to know what happened to all the notes and material the observer had gathered. [Observed lines 269-272, observer 89-97]

5] Both noted that the observed's interest was partly work related. [Observed lines 11-16, 302-307, 339 observer 79-87]- see also congruence of process.

6] Both agreed that there had been very few missed observations. [Observed lines 422, observer 266]

Discongruences

1] This is not a discongruence between the observer and the observed, but one I noticed in the interview with the observed. She appeared to be very practical and matter of fact in talking about her interest in the observation and her infant, and linked her interest several times to a professional curiosity. [Lines 11-19, 32-37, 254 & 255, 339, 354- 356] At the same time, she was affectionately touching the infant, who was asleep beside her who then climbed on to her lap and went back to sleep. I noticed this particularly in the second stage of analysis.

2] Silences. They had a similar number of silences, but for the observer it was usually as part of her thinking process, whereas for the observed it was mostly to indicate that she had finished making her point; she often looked at me questioningly at these points [see silences and turn taking, below]

3] The observer was concerned that it was a "slightly intrusive" experience for the mother and that she had not suggested they might keep in touch because she felt it would be hard for the mother to say no, although she might want to [lines 233- 244]. She felt that on some level the mother was giving her the message that "that's enough, really" [line 244]. The observed, however, although not referring to this directly, said that she would be "more than happy" to help the observer again, and with any follow up [lines 114- 119].

The observed was also very happy to help me with the research and to give permission for me to use her words.

Congruence of Process

1] What stands out in this dyad is the focus on work- and work-related matters. The observed talked a lot about her work and linked her reasons to agreeing to be observed with her professional interests. As the interview progressed, I also spoke with her more like two professionals discussing something, [lines 282- 302] and also asked something about her work earlier in the interview. [Lines 61& 62, 179]. This also happened with the observer, I noted at the beginning I spoke to the observer as another professional. [Lines 1-14 rhs] The observer picked this up and also spoke

professionally, and then went on to speak about the observed as a “practical and pragmatic” person, which she, the observer was “not really like” [line 58]. Again, I noted

in the second stage of transcript analysis that this seemed to be a reflection process whereby the observer had taken in something from the mother-infant experience and was now both telling me about it and showing me by the work- based language coming into our dialogue. I know the observer, and agree with her that she is not usually like this. I think the mother’s idiom, talking about the observation and her experience of being a mother in a practical and pragmatic way and linking it to her professional identity, was both picked up by the observer and then by me in both interviews. Neither the observer nor I are “really like” that- this suggests a projection is at work.

Use of direct speech

The observed used direct speech several times, although only once in referring to a conversation with the observer. The first one [line 26] was a conversation with herself about how quickly the time went. It was the second one [lines 106 & 107] where she relayed a conversation with the observer about them sitting down together during the observation; she went on to say it was her time to relax. She did not say that the ability to sit down and relax was related to the observer’s presence but this is implied. The next two uses are related to her anxiety before the observation started about the commitment. [lines 415 & 416]. There then are four examples, all to do with the observed’s horses and what family members said about her keeping them once they knew she was pregnant. [lines 438- 440, 462, 464& 465]. The next 11 examples relate to the observed’s early experiences of bring the baby home and contrasting her way of parenting compared to another family member’s. [lines 486 & 487, 500- 503, 506, 512-515, 522, 537- 539, 557] This was a very vivid description [see below] and was a mixture of her own internal narrative, what she thought the baby would be feeling, and what others had said. The last two [lines 570 & 577 & 578] were about the circumstances surrounding the birth; one was her internal conversation and one with the baby’s father.

The observer used direct speech 7 times, 6 of which were quotes from the observed. The first one [line 199 & 120] were what the mother said about not worrying about the pregnancy. As time went on, the observer felt that the mother did have anxiety which she did not express but that the observer could feel in her own countertransference. [line 122]. The following three examples concerned the television [lines 184 & 192-3]

and the observer's feeling that the mother was somewhere concerned about being judged. The next one [line 288] was what the mother said about the ending. The last quote from the mother relates to the observer feeling that the mother did not much alter her way of being with the baby whilst they were being observed, and gave the example of the mother being slightly negative about a filled nappy. [line 301]

The last use of direct speech was the observer's own feelings [line 319] which related to a momentary feeling of anxiety she sometimes had about the baby's safety and which she came to understand was related both to her own feelings and to something that the mother was discharging or projecting.

Vivid descriptions

There was a vivid description early in the interview with the observed [lines 44-48] where she began by talking about the beginning of the observation when the baby slept a lot, and then moved into talking about wanting the observer to see the baby's development and that when she did, it was "exciting". The other vivid description was much later in the interview [lines 484-559] when she began to talk about her way of child rearing and comparing it with her brother's. She was careful and respectful of his and his partner's different ways of bringing up their daughter, but she had a lot of feeling in her voice and used a lot of direct speech.

The vivid descriptions given by the observer came early in the interview [lines 22-35 & 47-50] and both were about the observer's anxiety that the baby was distressed or might be harmed

Strong feelings

1] Being 'watched/ judged' and being 'put at ease'

The observed did not really refer to being judged or watched, and did not comment on much the observer's stance directly. In lines 153-159 she spoke about the observer and her getting "comfortable" together, and that it was "company". She said that it was "like a friend coming into the house". I noted that I made a reassuring remark [line 256] following her saying that the baby had to "just fit in with everything else." In lines 269-276 the observed spoke about the seminars, and what the trainees discussed there.

She imagined the trainees compared the development of the babies, and said that she would "want to know that there is nothing to be worrying about". I told her something about what happened in the seminar [lines 277-280] and she laughed, saying "my baby is better than yours"; I noted that "this was a nice moment" The

other indicators about feelings of being judged came around the second vivid description [see above]. She spoke with heat although laughing about the health visitor “having a heart attack” that she had “ignored the rules”. [lines 496 & 497] She later spoke about not criticising others’ ways of child rearing [line 529]. This was a long section including a lot of direct speech. The observed used the word “worried” twice [lines 131 & 133], both in relation to her wish to give the observer a good experience. Later in the interview she referred to being involved as “quite a positive thing”, “rather than someone wants to watch you bring up your child”. [line 409 & 410] The observer talked about being anxious herself, and thinking it was related to some unexpressed anxiety the mother had, [lines 54 & 55, 62, 72, 116, 122,] and also felt that at times the mother wanted to show that she was doing the right thing” [lines 180, 208, 214, 307].

2] “Lovely/ Loved”

The observed said several positive things about the experience. [Lines 24, 28, 39, 53, 56, 59 & 60, 65-68, 101, 328, 343, 345, 384, 408-410] The observer also said positive things about what she learned [lines 15, 43&44, 107-110, 151-167, 362- 378] and noted that she would miss the mum and the baby [line 285]. What is striking for both participants is the lack of expressed delight and joy in the experience, whilst at the same time I was left in no doubt of the mothers’ warm pleasure in her baby and his development, and the observer’s appreciation of both of them. I think again this indicated a projective system in operation. This older first time mother came across as very confident but also indicated that in some ways she was not entirely well supported. Her ordinary anxieties seemed to be covered by her slightly professional and distanced way of communicating, which is reflected back by me and the observer; we all tended speak in this way.

3] A calm space

The observed gave many indications in her ready smile and body language that this had been a good experience; the tenor of our interview was also quiet and reflective. She noted herself that the observation “was time for me to sit down and relax” [lines 101 & 102]. The observer said that seminars were important and a “containment” and went on to talk about the parallels in the process of observing and taking the observations to the seminars [lines 360-371]. However, the also observer talked about the difficult moments where she could feel anxious and that she had to contain something [see vivid descriptions]. I think this is related to the calm space; both in the

observer noticing when there was tension and her containing some feelings which in itself could have contributed to the possibility of a calm space.

Motivation

The observed said quite a lot about her motivation for agreeing to take part, [lines 4-6, 11-17, 336-339, 392-404] the first ones being related to a wish to help and also that she might need help to study. She said she thought it would also be interesting. The last time she talked more about who had suggested her, and I thought she felt pleased and affirmed by this colleague thinking she would be a good subject. I said [line 405] that the referrer thought she would be a “good mum”; she agreed. The observer also thought the mother was curious [lines 272-275] and linked the mother’s motivation to agree to her professional interest.

Silences and ‘Turn Taking’

In the dialogue*, the observer had 38 short silences of 1-3 seconds except for one of 5 seconds following a piece of direct speech about her momentary anxiety about the baby [line 319]. 5 of the silences were followed by my asking another question. The observed had 31, of which all but 2 were for 2 or 3 seconds. In these 2, the first was for 7 seconds and followed my asking about having another baby [line 165]. She said she would not be having another one, and after a longer than usual silence I asked a different open-ended question. My asking another open-ended question followed 19 of the 31 silences [see reflexivity]; the other longer silence was when she was talking to the baby who was half awake. 6 short silences came in quick succession near the end

of the interview [lines 575-572] where we were ‘turn taking’ but I was also asking questions about whether this was a planned pregnancy [see reflexivity]

* There were a few gaps in the transcript with the mother where she was attending to the baby who was asleep and then woke up briefly. I have not included those.

In both interviews the ‘turn taking’ seemed to work well enough; I said less in the interview with the observer [see reflexivity] but in both interviews the interviewees spoke at length.

Reflexivity

The pattern of silences in the transcript of the observed confirms a feeling that I had in the interview that there might have been some tensions in the mother around this baby’s conception and birth. I noticed that I asked if she minded my asking whether this was a planned pregnancy [line 583]. I think now that I was not quite in the

researcher's place, or at least I was somewhere that subject was not quite comfortable for me to be, and perhaps I should not have asked that question. Why I asked it I think relates to the issues of what is known and conscious and what has to be kept out of consciousness and therefore may be projected. The mother was clearly devoted to her baby and a competent professional as well and back to work. She spoke of herself as someone who was not anxious and did what she thought was best, yet I noticed that I was saying reassuring things at times, in a somewhat oblique way- for example lines 256, 263.

I think this confirms what the observer thought, that the mother had some anxieties and was not always well supported, but that she was someone who tended to get on with things herself and would cover her anxieties with thinking and doing. I noted that I spoke more in the interview with the observed, and think that is related to my inexperience as a researcher; it was one of my earliest interviews. Again, however, it could also indicate an unconscious response to the mother's unexpressed anxieties; on the surface she was not at all anxious but I began to wonder if there was anxiety underneath which I responded to by speaking more. However, I was certainly anxious and the speaking more could have been just related to that. It is in the interview with the observer, who felt something very similar over the whole year, that I have surmised that some of this might have been a response to what the mother was feeling- something 'called out' of me.

Theory and lived experience

1) Healthy narcissism

The mother's delight in her developing child was evident in both what she said and the way that she said and kept speaking quietly to him and touching him affectionately. She referred to how she found his development exciting, especially when she could show this to the observer [lines 34 & 35, 45-48] how sociable he is, [lines 86-88, 201] and how he likes his tool bench, especially the hammer [lines 264-266]. She spoke about his ability to be with horses [lines 444- 452]. She seemed particularly pleased at hearing that the babies' developments were discussed in the seminar [line 281]. When I explained more about the value for trainees of the experience, she seemed very pleased; she said "it's a privilege to hear that" and made 2 other comments in the same vein [lines 328, 343, 345].

The observer also noticed that there were times when the mother shared things with her [lines 68 & 69] and that she was "eager" to tell the observer about the weaning they were doing [line 197].

2] Holding and Containment

The observer felt that it might have been reassuring for the mother to have someone there every week [line 72], and referred to the containment she experienced in the seminars [lines 362-371]. The strongest feelings the observer related however were the times she had felt anxious and had needed to process this in the seminars and in herself. I think this could show both holding- the regular visits and having them in mind every week- and containment- the processing of something internally which originates in the other. The observer was very aware of the ways in which the anxiety she felt had resonances in her own life and experiences, but also stating that she felt convinced that she was picking up something from the mother- infant pair which she needed to think about and not act upon. [lines 22- 56, 112-116, 166-168, 179 &180, 355].

From the observed there was nothing about why she enjoyed the experience and valued it, but her way of being with me and her eagerness to co-operate left me feeling that she had found it both holding and containing.

3] Projection and projective identification.

In the reflexivity section I have commented on my activity in interviewing the mother, and wondered if I was reacting to something she was projecting. I have also noted how the observer and I were uncharacteristic in our approach with the observed; more professional and a little removed. The observer noted that she had felt that she “really should be standing back” as an observer [lines 282 & 283] which she thought was “quite formal” [line 281] compared with some of the other observers in the seminar. She described it being an idea in her head, but it is also possible that she understood something from the mother- a projection- from setting up the observation onwards. She spoke about meeting the mother outside the house [lines 79-88] and said that she had not suggested they might keep in touch because she felt that mother might not want to. [lines 233-237]. The observer also spoke with feeling about her reaction to the baby crying [see vivid descriptions] and times when she felt she was containing something for the mother-infant pair [see containment] If this is correct, it is likely to have been through the mechanism of projection and projective identification.

Transcript analysis Dyad 3

Congruences

1] Both told me that they had planned to meet before the birth but that the baby came early, so they didn't meet until the baby was a few days old. (lines 33- 38 observed, 91-98 observer)

2] Both said they had got a lot out of the experience, and both struggled to articulate what that was. (lines 61-74 observed, 21-31 observer)

3] Both told me about the travelling that the family had done; mother's sister lives abroad. (lines 116-122 & 297-309 observed, 233-242 observer). I note in the interview with the observed that having a sister so far away is painful- I used the word heartrending (line 411 observed transcript and accompanying notes on rhs) In the interview with the observer I comment on this (lines 978- 1000) which the observer

picks up and agrees with. By the end of the interview with the observed I had wondered if the observer had in some way represented a sisterly figure to the mother (rhs of line 464, observed).

The word sister is repeated by both (8 times each).

Looking at the discourse (lines 428-467) it is noticeable that after the mother spoke about her sister being abroad, she spoke about the observer, using a lot of direct speech; really bringing the observer into the room. (See below)

4] Both agreed that the baby did feel comfortable around the observer and in some way she was important to him. (lines 120-123, 482- 485 and 734-748 observed, 309-326 observer) Around lines 484-485 the baby also came over to us to join in, although he did not specifically interact with me, he was clearly interested.

5] Both spoke about the routine and how they met on a Monday morning- (observed lines 163 & 164, observer line 270) Observed says Monday 5 times, observer 4 times.

5] Both spoke about the last visit- (observed lines 208-212, observer lines 338- 347)

The tone and tenor of the interviews was very warm and positive, and the last observation felt very significant to both of them.

6] Both said how nice the experience was- (observed line 74, observer line 42)

7] "Doting". All three of us use this word. I introduce it to the mother (line 269), she responds by describing the baby as "totally amazing". (lines 270 & 271) The observer uses the word first (line 158) and I respond to it. (line 161). The interview with the observer took place after the interview with the mother.

8] Both spoke about the commitment involved in being part of an observation. (observed lines 388 & 389, observer line 230)

9] All three of us refer to health visitors. The mother introduces the word (line 366), I go back to it nearer the end to ask some more (lines 556-568), also to elicit anything

about what it is like to be 'watched'. The observer also mentions health visitors. (line 864)

10) "Putting at ease". Both observed and observer indicate that to put the observed at ease, it was helpful for the observer not to be too distant but to be human without being intrusive. (see below)

Discongruences

1] Birth problems. Both told me about the problems around the birth. The mother and grandmother told me about the initial separation and how difficult that had been.

(lines

133- 157). The observer told me about the physical problems which meant that the baby was born hungry (274-279) and how the mother had coped with that. I asked her later about this separation, and she then remembered it (920- 936) I noted in my interview with the observed that the first thing the little boy did was share what he had to eat with his mother (39-44). Deeper analysis shows a possible discongruence in identifications (see vivid descriptions); the mother tells me more about the baby in this process, and the observer tells me more about the mother's experience.

2] The observed indicated that she wished she had known more about what happened to all the information the observer was amassing (lines 175- 193 and 334-340) The observer thought that the mother did not have very much curiosity about this- (lines 787- 795)

3] The observer thought that the mother was relieved at the ending (lines 250-261). The mother was clear that she was disappointed and sad (lines 197-206). Later in the interview with the observer she returns to mother's relief (lines 822 & 823) I ask how the observer felt at the end (line 824) The observer talks a lot about the value of it but also about how it was part of moving on with her training (lines 827 & 828) and how much time it took for her to do it (line 838) In asking I was responding to the sense that this might contain a projection; I wondered if the observer saw relief in the mother because she herself was experiencing some relief but did not want to feel that the mother was upset about the ending.

Congruence of Process

1] Although the accounts of the birth were not the same, the processes of describing the painful aspects were similar. They both acknowledge the pain, which includes accepting it in some emotional way, and then surrounding it with something more positive. They were both talking about the mother's experience of a rather traumatic

birth. In the observed account she says she had a straightforward birth—line 131, describes the painful aspects (lines 132- 150) and then she and her mother say that the baby was fine and he didn't know (lines 151 & 152) When I asked about the birth I noted that the mother looked pained- (rhs line 126) and I felt that there was a sense of something traumatic (rhs line 140 onwards). The mother then used the word 'traumatically' (line 142). At the end of this sequence there was a 5 second pause, and I then returned to her positive experience of being observed. The observer speaks about the feeding (line 269) and refers to their Monday routine, which was pleasant for both of them (congruence 5) She then describes her understanding of the birth problems (lines 272-279) and finishes by talking about how well the baby and mother did. (up to line 310)

2] As noted in congruence 2, above, both told me how much they had got out of the experience. It was striking that both of these very articulate women, although of course from different perspectives, could not find words to express why it had been so important. I noted this in the first stage of analysis with the observer (lines 21-31), where she uses "er" 7 times in 10 lines of dialogue. In 10 lines where the observed talks in response to my asking "how did it go" (line 60), she pauses and uses "er", "yeh" and "you know" before ending by saying "it was enjoyable". (line 74)

Use of direct speech

The observed used a lot of direct speech, the most vivid of which relays what the observer had said to her. (She used direct speech 17 times in the transcript; 7 are what the observer said, including a very vivid evocation of their conversation in lines 428-467, as above) The observer used little direct speech. (4 examples, 2 are what the mother said). Specific examples are referred to in the relevant sections following.

Vivid descriptions

There are three passages in the observed transcript that seemed particularly vivid. The first one is where she describes the birth experience (lines 131-157). I noted she looked pained and I felt that this had been a trauma for her, a word she echoed later on (line 142). The second one is where she talks about the end of the observation (lines 204- 222). She said she was sad and at the same time she conveyed a lot of warmth a pleasure with her tone of voice. The third example was where she told me about a relative asking what the observer was looking at (lines 506-525). In it she explains that told him to ask J (the observer) and then uses direct speech to describe

the scene. What makes these descriptions seem vivid to me is a mixture of the observed's facial expression and body language and her tone of voice but mostly her giving me the experience of being able to imaginatively enter the scene.

The observer transcript has different especially vivid descriptions. The first one (lines 214- 220) the observer is telling me about her pleasure in seeing the baby develop, his activities in showing her what he could do, and the mother's delight and pride in her baby. The third one was also describing the baby's development and their interaction (lines 762-772). In both the observer was clearly remembering something she really enjoyed and valued, and I could again 'see' the scene in my mind's eye.

The middle example referred back to the traumatic birth experience, although the observer focussed on a different aspect of it. (lines 456-476). The observer talks about the birth process and gives a lot of detail about what happened to the mother. I noted at the time that I was "amazed by how much of the details she had retained" (opposite lines 483-4) On deeper analysis I think it is of note that the mother talks more about being separated and the baby's experience, whereas the observer seems more in touch with the mother's experience.

Strong feelings

1] Being 'watched' and being 'put at ease'

This theme did not emerge until the 4th level of analysis. The tenor of the interview with the observed and her general demeanour indicated that she felt happy about being observed and confident in her abilities. This impression was echoed by the observer. (For example, lines 14& 15, 409-420, 614- 626).

However, detailed examination shows the observed uses the words 'watching' or 'watched' 13 times. From line 333, where I ask if there is anything we could do better, she returns to the wish to know more about what happened to what the observer saw. I respond by explaining more about infant observation in this context. In lines 354 and 355 she asks a question and I ask if it has made her feel "checked up on" (line 363) What follows is an exchange between the three of us (mother, her mother and me) where the health visitor is mentioned as someone for whom you "want the house to be tidy" (line 368). I noted when transcribing that the use of "checked up on" seems rather

“strong” but that it felt completely congruent in the room at the time, and the mother responded and nodded vigorously. In the transcript the ‘turn taking’ of the dialogue then becomes marked between the three of us.

The observer uses the words 4 times, twice in thinking about the value of watching and looking. (lines 853 & 854)

This theme seems to run alongside the observer being able to put the observed “at ease” (line 371, observed) The observed first referred to how the observer was with her early in the interview; getting to know her (line 68) , that she became attached to the baby (line 96) and that they still meet up for coffee (line 97) . She then says that “I got a friend out of it, as well” (lines 98 & 99). My thought at that point was that they are not friends, but that was the nearest word to describe what the mother felt. I went on to comment about it being a “special sort of experience” (line 100) and the observed, using direct speech, said that the observer would speak about her own experiences in a supportive way and that “you really bond over things like that” (lines 106 & 107) Later in the interview, following the comment about the health visitor, as above, the observed volunteered that she “probably felt a little bit like that” (line 370) and that her observer had put her at her ease, both by her attitude and by sharing something about her own experience. (lines 369-402). Again, she used direct speech of what her observer said to bring this alive. (lines 397-400). The observer spoke about another experience of infant observation which had not been so successful for her as an observer; in the early part of the interview she compared them (lines 99-150) I asked whether she thought this had anything to do with her presentation (line 171 & 172). She went on to describe how she had felt she could approach the observation in a more informal way (line 185) and that she would feel able to respond to the observed and not try to “close it down” without either opening it up “too much”. (line 193)

In this section there is one of the observer’s few uses of direct speech; she spoke as if she were the seminar leader (lines 189 & 190)

It was not until this level of analysis that I put these two strands together; the likelihood that to mitigate the feeling of being watched, which has overtones of judgement,

requires that the observer needs to position him/her self in a way which reassures the observed. I think this is evidenced by the extract above-

(lines 369-402) the observed explicitly noted that the observer’s stance reassured her that she was not going to be watched and judged. However the observer position is important to preserve, and is valued by both in different ways; the observer for training and the observed for the benign interest which this mother noted was

different- her observer wanted to know about the baby in a way that other people did not; she said “all you want to do is talk about your baby and I think you worry that other people will get sick of hearing it” (lines 50 & 51)

2] “It was lovely”

At the same level of analysis where I realised ‘being watched’ was emerging in the dialogue, I thought that the positive feelings of both the observed and the observer were equally prominent. However, although the clear feeling I had from the observed was that this had been a very positive experience, to my surprise she only said this once, at the outset (line 47). I say that the little boy is lovely towards the end of the interview (line 656). The observer also gave me the impression that it was a positive experience for her and she thought and hoped it had been for the mother as well. She used the words lovely or loved 8 times throughout the interview describing both her experiences and what she felt about the baby.

Motivation

The observed refers in 3 places to why she agreed to be observed. (lines 24- 30, 627-637 and 682-687) The first and last time she speaks about wanting to help, and being glad that she had. The middle reference possibly indicated something else as well- she says that she was worried that after working full time she would ... “not be bored but be thinking...” (lines 631 & 632.) I ask if it might be missing adult company and she goes on to talk about the value of their Monday mornings together which helped her to start her week. I did not specifically ask the observer about her thoughts on the mother’s motivation. Several times the observer noted that this was a competent and confident mother (eg lines 114 & 115, 158, 431- 441) Perhaps some implication can be drawn that she felt confident enough to do it; the mother’s motivation would then be more related to her positive idea that she would be a good mother than an anxiety that she might need something to help her. Of course, these are not mutually exclusive.

Silences and ‘Turn Taking’

On the observed transcript, there are 31 silences; one is for 26 seconds and the rest between 1 and 6, except for one of the 4 related to looking after the baby’s needs. Of the other 27, 20 are followed by my asking a question; I experienced that she would tell me sometimes quite a lot in answer to a previous question and when she had finished she would leave a silence and look at me expectantly. In the long silence

(line 125) it did not feel uncomfortable but it was clear to me that she did not have something pressing she wished to say if I left enough space for her. She did not tend to pause before responding to a question or comment, or during what she said.

There are 7 times where she paused in what she was saying. The first one (line 62) is when she is trying to describe why she liked being observed. The second one (line 428) is followed by her speaking about her sister again; this contributed to my thoughts that perhaps there was something sisterly she was missing and found in her observer (see congruences 2). The third one was after I spoke (line 530) and the mother followed the pause by agreeing with me about how much babies do. After the fourth one (line 590) the observed's mother interjects to say that the observed did have a lot of support from the family. I noted that her voice was stronger in this interjection, although overall she did not say much and the rest of it was quieter. I felt that this was something she wanted to assert; the observed agreed with her and then went on to talk about the other side of the family. The fifth pause is for 6 seconds, and comes in the section where the observed is talking about some worry she had when thinking about not being at work (line 627); this is one of the extracts related to motivation, where I noted that she might be concerned on a deeper level about how she would actually manage this transition from professional to mother (see motivation). The sixth pause also seems to relate to this (line 711); it follows in the next sentence from the observed using the word 'nervous' (line 709) about the commitment and then she goes on to say that she was concerned because she did not know how she would feel once she had her baby. What followed (to line 723) links with other sections of this analysis; she indicates that she is worried about how she will be with the baby, and that she could feel judged; this is followed by direct speech showing how the observer reassured her that whatever she was doing would be "fine" (line 719). The last pause is at the end of the interview where the observed pauses to think if she has any more to say about the experience. (line 827) In the interview with the observer I noted in the first level of analysis that there seemed to be very few pauses, (in fact there were 12 in all) and those we had were short (2 secs) ; the 'turn taking' function of pauses with the observed seemed to be carried out by the observer by her voice trailing off and her saying "mm", "er" or "yeh" (for example lines 310 and 391) If I did not respond with another question the observer would carry on (for example line 176). In the first analysis I noted that the first silence was during the observer talking about her idea that the mother might have been relieved at the end of the observation (lines 250-256). Further analysis shows that this is not quite true, there were 2 previous

occurrences, but this one struck me. I wonder if this indicates a possible projection from the observer (see discongruences) There were another three pauses and then in lines 698 -706 there were both pauses and the use of the “er” which followed her talking about the ubiquity of the television which the observer had sometimes felt uncomfortable about. Here it seems that she is following up a possible criticism with positive information about the parents (line 703- “really quite smitten”) Later there are three pauses related to my asking if there was anything else the observer wanted to comment on. The last pause was when the observer was thinking about my suggestion that she may have in some way represented a sisterly figure. (line 987)

Reflexivity

I had a strong positive feeling from both parts of the dyad that this had been a good and enriching experience, and they were happy to help me with the research. Whilst I still think this is true, the deeper levels of analysis so far have indicated other possible communications which may not have been conscious or where the interviewee is

speaking less about their lived experience and more trying to say what they think I might wish to hear. There is also the possibility that I had missed taking up something I did not wish to hear.

1] Reassurance. In the observed interview, there are several layers of reassurance which could be in play. The observer notes many times that this was a confident and competent mother (see motivation), and that she, the observer, had a good experience both of the observation and of the seminars. As I was the seminar leader, it might be possible that she wished to reassure me that I was good and competent also, particularly in the light of her rare direct speech example where there is the possibility of another seminar leader who is not helpful.

In the interview with the observed I said several things which are confirmatory; in a parallel process to what the observer communicates at the beginning of the observation I indicated to both interviewees that I wish mostly to hear what they have to tell me although I do have a few general questions. I asked questions mostly when the interviewees indicated they had finished what they are saying. My other interjections were mostly confirmatory, for example line 100, above. This indicates the possibility of overlapping hermeneutic circles; all of us are doing something new and all of us are anxious. All of us wish to reassure the others and also be helpful; at the centre of this is the infant who is vulnerable and needs careful nurture; the whole picture could be seen as a reflection of the infant’s need for reassurance in order to manage all his new experiences.

2] I was surprised how much this appreciative and positive mother used the word “watched” when I did a word analysis. I noted at the time that she clearly wished to have more information about what her observer had thought, but I did not connect this specifically with any anxiety about being watched. In describing her motivation (see above) she did make one comment about her worry over what she would be like when she was not at work. (lines 631 & 632) I then suggested she might fear missing “adult company” (line 633). Whilst my conscious motivation in this was to elicit some information and also to reassure/confirm, it is possible that I did not want to think about whether this had been a difficult thing for the mother in this observation. At the moment I think not; there is evidence that she did not feel watched and judged by her observer- see above; however, she clearly indicated that she might have done, if it was not for the observer’s attitude.

3] Anxiety. Listening to the interviews we all sound increasingly relaxed. I did not ‘pick up’ great anxiety, which even though I would not wish to think that this mother had had a difficult observation I think I would have become more anxious as the interview went on, not less, if I was avoiding something painful or difficult.

Theory and lived experience

1] Healthy narcissism

There is a lot of evidence that this mother took great delight in her baby and this is both echoed by the observer and experienced directly. Theoretically this could be healthy narcissism; the lived experience of the observed is vivid in lines 270-271- “somebody else who found him completely amazing!” The observer noted how much she enjoyed seeing the mother “quite rightly, showing off this baby she’s really proud of” (line 220) but also showed how much she enjoyed the baby as well- “he was a lovely little boy... I got a lot of smiles off him” (lines 308 & 309)

2] Containment

The description of the value of the Monday morning routine by both interviewees indicates that this was a containing experience (for example line 162- 167, observed and observer, lines 269- 271). In the observed transcript, she used direct speech as to what other people said about her Monday morning. Later in the interview, in response to my suggesting she might fear being “short of adult company” she said “and it gave me something to do and things, because J came on a Monday morning” (lines 634 & 635)

3] Projection and projective identification.

This would be harder to evidence at this level of analysis, and would have to be inferred or assumed. Using my reflexivity and the lived experience of the three of us I think it is possible to discern in the reassurance 'system' I am describing in the reflexivity section. We could be all projecting our anxieties and wishes for reassurance into each other; this sets up a mutual reassurance which enables us all to feel

comfortable enough to talk openly with each other. A problem could arise however if one of us was so anxious that the others reassured too much at the expense of being able to be honest and open. If this resulted in us all being more anxious, it could be seen as projective identification; the anxiety which is too difficult for one of us would be felt by the other two.

The infant is by definition vulnerable and needs protection from too much anxiety; there is the possibility therefore that the anxiety we are all feeling is not only our own but has been projected by the infant into the whole hermeneutic circular system. Whether we can contain and metabolise it will depend both on our own capacities and on the degree of anxiety. The observed's anxieties when the baby was ill could be wholly her own but are more likely to be also a projection from the baby of his distress and fear. The observer receiving this and using her own experiences to mitigate the anxiety therefore offers a lived experience of containing a projection rather than it having to be enacted, which could then be a projective identification.

Transcript analysis Dyad 4

Congruences

1] Both told me about the trauma surrounding the birth. (Lines 90-93 & 12-27 & 51-68 part 2 observed, 22-55 observer)

2] Both indicated they had got a lot out of the experience. The observed said she would do it again (lines 173 & 174) and added that "you get out of your own head a bit more" (line 176). When I explored this with her she spoke about the observer having a "neutral" standpoint (line 186), however when I asked the father who had come in, he said it was a tricky question and she (mother) said that he was not there for much of the time- lines 218 & 219)

3] It was interesting that both agreed that the observer did not understand why the observer was there, in spite of the observer feeling she had explained it many times. (lines 237-239 & 119- 129 part 2 observed, 172-177 observer)

4] Both agreed that the baby did feel comfortable around the observer and in some way, she was important to him (lines 72- 80 & 150- 153 observed, 214-218 observer).

However, the observer noted that when she met them unexpectedly almost two years after the observation ended, he did not want to look at her (lines 527- 530).

5] Both told me that the observed would let the observer know about the baby's milestones between visits. (lines 154- 155 & 256- 259 observed, 266 & 267, 329 & 330 observer)

6) "Putting at ease"/ "part of the furniture". The observed used the words at ease twice (lines 27 & 208) and also the observer was part of the furniture, although not in a derogatory way (lines 150 & 151). The observer referred to being treated as "part of the family" (line 157) and being a valued part of what went on. (lines 164 & 165) Both gave the impression that they found a comfortable way to be together. (see below).

7) The father. The father came in to the interview and spoke well of the experience, but did not stay long. (lines 188-231) He did not sit down to join us and I noticed him turning away and looking as if he was going to leave by line 244. He said "you don't need me, do you?" (line 198) and I asked him for his thoughts (line 199). This led to a short discussion where the parents agreed that it had been easy and pleasant to have the observer; I then asked if he thought they had got anything out of the experience as a family (lines 216-7) and as he was thinking the mother interrupted to say that he wasn't there most of the time. (line 219). He agreed with this and told me he worked at home during the time of the observation. He deferred to his wife- "obviously D knows more about it" (line 233) and went soon afterwards, also making a joke about wanting to read in the transcript what his wife had said about him. I noted that although they seemed very warm and loving with each other, when transcribing I thought it seemed a rather sharp exchange. (line 229)

The observed talked about her husband working at home and how it has been "nice" to have his "support" for the first three months of the baby's life. (lines 87-8). She also told me a lot about his family as well as her own.

The observer spoke about the father 5 times. The first time related to when she had visited and the father was in on his own with the baby. (Lines 94- 115) and the mother had forgotten about the observation. The second time she noted that he worked from home and was "always around" (line 136). The third time she noted that he would come into the room when she was there and be "boisterous... quite loud" (line 186) and disrupt the quietness of the observation. The final two I found surprising; she had

clearly taken in a lot of the mother's feelings about her relationship (see vivid descriptions).

I think this is an example of congruence from all three perspectives; although obviously each parents' relationship is unique I think this has more to do with the experience of the mother-infant bond which is intense and into which father's intrusion is both necessary and sometimes resented. The observer's descriptions of her the mother and the baby being in a kind of calm space together which is disturbed by the father's entry is very familiar. In the interview something similar happened; he came in but showed no sign of planning to stay, and when he was asked for his opinion the mother said he really had not be there much of the time.

8) A busy family. The observer spoke about how busy they were and how this could mean the house and visit were quite chaotic (for example lines 124- 126 & 383-391). This was confirmed by the observed, saying the baby was a "sociable little boy" (line 99) because they were surrounded by family and evidently saw a lot of them. (For example, lines 100-116, 64-5 part 2).

Discongruences

1] Breastfeeding. The observer uses the words breastfeeding or breastfeed 9 times in a fairly short section of the interview after telling me about a difficult experience (see vivid descriptions) in lines 257-299, noting that she only saw the baby being bottle fed and wondering if the mother did not feel comfortable to breastfeed in front of her. The observed told me later in the interview that she had tried to breastfeed at the beginning but the baby was jaundiced and losing weight. (lines 28-32 part 2) and gave me the impression that she had had to supplement the breast.

2] The observed indicated that she wished she had known about the outcomes of the observation and says that observer said she could have something written (lines 177-181). This seemed to carry a definite wish and I noted that she was looking at me in a pressing way so returned to it later in the interview (line 262) The observer did not mention this; I wonder if she felt that as they seemed not to keep in mind what she was doing there they would not have curiosity about what she found.

Congruence of Process

Although there are different vivid descriptions, where there was something painful they have used a similar way of talking about it. The observer gave an account of a painful time in an observation (lines 222-254) In the preceding paragraph she is describing the baby in glowing terms- "absolutely gorgeous" (line 208) "adorable" (line 214), "very smiley" (line 219). Following the description of the painful time she

talked about breastfeeding (see above) The observer then went on to say the mother sometimes could seem to be in a hurry to move the baby's development on (line 304) but also that she could also spend time (line 207), and we both linked this with the possibility that the observation had offered the mother some space in which to be able to spend time with her baby, (lines 308- 322). The observer was then reminded that the mother would "save up things" (line 323) about the baby's development to tell her.

The observed told me a different painful story about the birth trauma and their fears for the new born baby's health. She said that the observer was "friendly" (see below) and they got to know each other (lines 1-5 part 2) and I returned to the question of the difficult birth (lines 6-11 part 2). She told me about their very difficult start (see vivid descriptions) where she was clearly still angry and disturbed (lines 12-48). She then spoke about the nurses being very good, and the relief that the baby was soon well and continues to be so. I think it is significant that not only is there the very human tendency to 'sandwich' bad and painful experiences between something good- contain them- there is also a particular use of another person to help get from one state- distress- to another state- being able to manage and remember something positive. I think this may indicate something profound about the experience of being observed; that the observer offers this other person in whose care and benign gaze something positive can be recovered from something traumatic.

Use of direct speech

The observed used direct speech 15 times, 7 of which were what the observer had said to her or what had said or thought in relation to the observer. Another 3 were in relation to the birth trauma. The observer used direct speech 8 times, 4 of which were what the mother said. The other 4 gave particular emphasis to the observers own thought processes and seem to indicate a particular identification in each case. Specific examples are referred to in the relevant sections following.

Vivid descriptions

1] Unsurprisingly, the vivid descriptions from the observed related to the birth (lines 90-94) and to the health problems the baby had and the difficulties in breastfeeding him. (lines 28- 46 part 2) In these moments she looked upset and sometimes spoke in an angry tone; I felt that this was still painful for her and also thought that as she was pregnant again it must have been very much on her mind. A lot of her direct speech came in this second section.

2] The first vivid description from the observer when she spoke about something which was a difficult memory. (lines 230-255) Noting that it was unusual for this mother to be out of step with her baby, she spoke about an event in which she felt the baby was very unhappy and the mother did not respond in the way he needed. I asked how she felt afterwards (lines 247-8) and she said it was upsetting and she felt helpless. She went on to use a form of direct speech; what she wished to say to the mother about the baby's situation but did not. The second time followed another example of the form of direct speech where she spoke 'as if' she was the mother; (for both examples, see projection and introjection, below). The observer told me a lot about the beginning of the marriage and the difficulties. (lines 461- 479). I was surprised that she knew this level of emotional detail, and she conveyed it to me very clearly, although she gave me the impression the mother had not given her a lot of detail. I noted in the second stage of analysis that "perhaps this was an example of how the observer also identifies with the mother and takes on some of her concerns"

Strong feelings

1] Being 'watched/ judged' and being 'put at ease'

I did this transcript analysis after the one where this theme emerged at the 4th level of analysis. Again, the tenor of the interview with the observed and her general demeanour indicated that she felt happy about being observed and confident in her abilities. However, I was more alert to the possibility of this undercurrent in this analysis. There are 23 times where the observed used words like judged and watched or refer to such feelings more obliquely. These were prefaced by the negative –

she/they did not feel these things with the observer. (For example, line 37, 157-8 part 2). Both parents said clearly and gave me the impression that they had not felt they were being judged by the observer; however this amount of use of such words in a semi structured interview is likely to indicate either disavowal- they did feel judged but could not/would not say, or relief- they were expecting to feel judged either by the context they were in and/or because they fear they warranted negative judgement. I think it is the latter; in the interview I was clear that they were letting me know that the observer was not judgemental. Furthermore, the observed made a joke to her husband about why I was there- (line 194) to check up on the observer. I think this all indicates there was a lot of anxiety about being judged which was allayed by the observer- which she referred to as being put at ease. (line 27)

There are eight places where the observed told me some personal information about the observer or referred to her as a friend. I was rather startled at this; trainees are advised to keep personal information to a minimum and this is a particularly boundaried trainee. At first I felt it was a judgement on my not having been a good seminar leader, which in part reflects the possibility of the parents fearing being judged as bad parents. At one point the observed mother stumbles over the word friend (lines 305-6 & 1 part 2) She had also referred to the observer having a neutral standpoint (see above), which is not of course what one gets with a friend, and that this was helpful. At this level of analysis I am left wondering if what had happened was the trainee gave a little personal information when it was asked for, which is congruent with what the trainee was told but also this trainee's general demeanour. This was held onto by the observed as being really important information to help with the need to feel at ease and not judged. But it has particular significance given that they had not held on to any information about what the observer was doing, or why, in spite of the observer saying that she had told them several times. I also noted that the father said they invited the observer to "social gatherings" (line 208). I thought this might be the christening, which she had discussed in the seminars and is a not infrequent occurrence for infant observation. I am not sure what to make of this interjection from the father; it followed the mother's joke that I was there to check up on the observer.

2] "Lovely/ Loved"

The observed used the words lovely or something similar 9 times; 6 of those referring to how the baby loved his playgroup and being around people. She also said he was brilliant (line 119) when they went abroad. At the end I commented that she had given me the impression it was a good experience being observed and she agreed, but returned to the negative point- that she hadn't felt like the observer was there "gathering research or anything" (lines 157- 8 part 2). The non-verbal feedback in this interview was also marked; for example, the mother smiled a lot and looked at one chair when we were speaking about the observer, indicating that this was the chair the observer had sat in. The observer was also very positive about the experience, and said how lovely the baby was three times. She also said it was an amazing experience for her.

3] A calm space

The observer referred seven times to something like a calm space where, in this busy family who often went away at weekends, they would sit down and have some

quiet time for the observation. This came through strongly also in the way the observer talked about it: quietly and thoughtfully with a mellow atmosphere. This is not mentioned and no similar words were used in the observed transcripts, and this could belong in the discongruences section except for the atmosphere when we were discussing the observation which was very much the same; mellow. Father said “the best thing about O being there was that you didn’t even know O was there” and mother said “that’s a good way of putting it actually” (lines 201-203). The mother spoke appreciatively about how the observer wanted to know about the baby. (See holding and containment, below)

Motivation

The observed made two references about why she had agreed; she said she had “thought it sounded quite interesting” (line 6) and then went on to talk about how well she had got on with the observer. Soon after she referred to the observer making a comment about the baby and it making her feel “like you’re not going crazy” (line 62). The observer made four references to this; that the mother “really wanted to do it” (line 16) and that she felt the mother wanted her there in some ways (line 60). Later in discussing what the mother understood about the observation, she noted that the mother could not keep in mind her explanation, but she thought and felt that in the mother’s mind “I was kind of there for her” (lines 176-7). The last reference came towards the end of the interview (lines 430- 441) where she said that the mother had mentioned she had experienced depression and anxiety in the past, and the observer felt that the mother wanted and needed something from her in the new situation she was in. This preceded her use of direct speech to describe how the mother was not the kind of person to ask directly for emotional help. (See direct speech)

Silences and ‘Turn Taking’

The transcript of the observed has 19 pauses, none for more than 3 seconds. In the observed transcript, there are 178, 33 of which were for longer than 3 seconds. One was for 18 seconds. I think this is significant: the observer described a busy family and this was confirmed by the observed. (See congruences) I had also noted in level 2 of the analysis that the observer found the busy-ness of the family quite difficult (line 124). I think the silences show the difference between their characters quite well: the mother is always on to the next thing even in her speech and the observer thinks about her answer: the pauses are in her dialogue, not waiting for me to ask another question. But I think this may indicate something further, about the ‘calm

space' (see above) that the observer offered and the observed found valuable, and how this might have been achieved. In leaving thoughtful pauses before responding I think the observer demonstrated how she made a reflective space for the observed to look at and think about her baby. There was little 'turn taking' in either of these interviews (see reflexivity); in this context I think it is related to the way in which the observer approached her task and thus I was able to approach mine: both were able to tell me about the experience without my having to interject too much. This seems similar to what both of them describe in different ways; the family were able to get on with their lives with the observer looking on.

Reflexivity

I noted in this interview with the observed that it followed a supervision where my interview technique was worked on, and I felt I was more able to ask open ended questions. I still think this is correct, but at this level of analysis I have thought that my less involved attitude was also related to the context of the observation and how they experienced it; I was enabled to inhabit the calm space set up by the observation. I also think this is related to what I picked up from the mother; she was very warm and positive about the observation but I also felt she was managing some anxiety, I thought about the birth of the new baby given the trauma of the previous one. This is expressed earlier in the interview (lines 278-9) where I picked up anxiety about how this child would respond to the new baby and noted in the analysis that I had changed the subject. It re-emerged towards the end of the interview (line 72 part 2) and I noted that she was "looking anxiously at me, and had not looked at O's chair for a while" In response to this I spoke again about the observer, I said partly to let her "recover her equilibrium". I think now that I also had the sense that the observer's containing and holding was still present for this mother and that by reminding her she was able to get back to it. This is confirmed by it being followed by two of her uses of direct speech when she is quoting the observer.

Theory and lived experience

1] Healthy narcissism

Clearly, the mother was very proud of her little boy (for example lines 74-5, 121, 276) and also wanted the observer to see and hear about what he could do (for example lines 169, 257). The observer also felt this; she was keen to hear about his

development and noted three times how lovely the baby was. She also spoke about how attuned the mother normally was, and that it was a shock when she did not seem to be attuned to him. (See vivid descriptions)

2] Holding and Containment

The observer felt that this mother had needed something for herself from the observer and that she had valued having this time which helped produce a calm atmosphere- see above. In the interview with the observed, I noted in my level 2 analysis that the mother was not keen on the father having an opinion about the observer, and I wonder now if it was also part of this; that she felt and perhaps needed to feel that the observer was 'hers'. I think this is more Winnicott's concept of holding- a position and way of being which allows and promotes development. The mother also spoke about how seeing things about the mother-child relationship from the "point of view of an outsider" (line 57) helped her to feel she was "not going crazy". She later referred to "a different person's perception" (lines 179-80). I think this is more indicative of Bion's concept of containment; the containment is possible because the person allows a process in their own mind about the situation, and thus the contained person feels relieved, even if few words are spoken.

3] Projection and projective identification.

The first area of possible evidence in this comes from the observer's use of direct speech. The observer appears very thoughtful and there are many silences where she gave the impression of thinking before answering, and uses direct speech sparingly. The first use is where she says what she wished to say to the mother and did not (lines 251-253) about the baby's experience in a difficult situation. (See vivid descriptions). This follows a pause and the observer saying that it was upsetting and she felt helpless. The second one she is speaking as if from the baby (line 355), noting that he seemed to manage well in a busy family and would not be pushed into premature maturity. The last ones are close together (lines 422-3 & 453-4) and the observer is talking about her feeling that the mother valued having her there: that she would not ask for help for herself but the observer felt she needed something which she got from the experience of being observed. It is possible in all of these that the observer is in receipt of projections which are problematic: two of the baby's experiences and one of the mother's. She took the experiences away- identified with them in the psychoanalytic meaning of the concept- and processed them in her own

mind. Talking about it with me evoked the experiences and she could recall her feelings about it.

This possibility does of course hinge on the premise that the observer, steeped in her own personal therapy/analysis and having discussed the observations in weekly seminars, is not purely reacting to her own personal issues but has 'picked up' something from the participants which relates to their experience much more than her own. I was also I thought in receipt of some projections: I noted that I picked up anxiety throughout the interview although the mother seemed very calm and relaxed. I thought this was related to "being judged" (see above) and I realised that I was nodding and smiling for quite a lot of the interview. Towards the end of the interview I noted that I had changed the subject when I felt the mother was becoming anxious (see reflexivity). I also decided it was time to end the interview after the mother referred to O not "gathering research". I was gathering research, and the mother was looking tired.

There is quite a divergence of theoretical opinion about the ubiquity of projective identification. (For definitions of these theoretical constructs please see Concepts document) For these purposes I am taking the following view- what distinguishes projection from projective identification is related to the experience of the one being projected on/in to. A projection is an unconscious communication which if it is received and understood does not require identification from the recipient. Only if this process does not work for whatever reason (e.g. context, the strength of feeling, something problematic) would projective identification occur. Identification in this case would mean that the observer and researcher would have feelings which they felt did not largely belong to them, and which might cause them to behave differently or in a particular way. Understanding projective identification in this way can be used to give possible understandings of what the emotional situation of the projector might be. Care has to be taken not to draw definitive conclusions without other evidence, but it can give clues to the area(s) at issue. In the detailed transcript analysis evidence can be shown by looking at the various themes and ways of speaking, as above.

Transcript analysis Dyad 5

Congruences

1] There are several places of congruence, some of which are vivid descriptions [see below]. What is of particular note is that both agree that the observer was there for

difficult things and these are what stood out for both of them [lines 23-29, 233- 237 observed, lines 34-37, 140-145, observer].

2] Both referred to Mondays as being the day they met [observed lines 164,173, 175, 297, observer line 302].

2] Both noted that they felt sad at the end [observed line 287, 301, observer lines 263]

3] Both said the baby was a “daddy’s girl” [observer lines 242- 249, observed lines 582-593] I noticed B shouting “da” [line 311] when her father was mentioned.

Discongruences

1] I thought it was interesting that the observed told me very little about her connection with the observer [line 4] whereas the observer noted that the mother knew quite a lot about her partner who works in the same area and that they have some mutual friends but never referred to it [lines 405-418].

2] The observer used direct speech 18 times, and the observed used it only twice.

Congruence of Process

I noted a very interesting congruence which I think may also indicate something about projection and projective identification [see below]. The observer talked about “worries early on” [line 12] and the observed said in the first few months she had “found being a mum quite hard” [lines 21 & 22]. The observed went on to say that although she had a lot of knowledge about babies and children from her work, it was different when she became a mother herself and she didn’t think she “had any idea” beforehand about this [lines 85-94]. The observer noted something very similar about her own experience of being an observer, and that she was surprised by the intensity of it [line 7-17]. I was struck by this in the interview and spoke about it to the observer [lines 18-23] and also noted it in the earlier stages of the transcript analysis. The observer went on to say that this was not something the mother had ever really openly expressed, and wondered if indeed she had picked some of this up from the mother [lines 24-33].

There was also a possible parallel process in the amount of writing the observer found she was doing. I wondered if this related to something in the family where the mother wanted to really experience and mark her baby’s development, and think about it. The house had a lot of pictures and other mementos all chronicling their family life and the baby’s development.

Another striking thing in this area is how much the observer spoke about the feeding difficulties-[lines 12, 185- 202 & 215, 243-349] one of which also contains direct speech

and one is in a vivid description. The observed did speak about feeding [lines 167,191 & 193] although these were less frequent and did not include direct speech and were not contained in a vivid description. However, the child was very interested in eating during the interview, taking her mother out to get her some food and sharing it with her mother and offering it to me [lines 68, 486-491, 522].

Use of direct speech

The observer used direct speech 18 times. In the first one she quoted the mother [lines 26 & 27]. The second time she spoke as if a mother in the situation, noting "some people might say" [line 123]. This happened again [lines 215, 470 & 510] in which the observer was speculating about mothers who might not want to be observed. She also repeated the words of a friend saying no one would want to be observed, and the infant would not know anything about it [lines & 106]. She indicated that all these were in contrast to the observed's attitude. In line 223 she described her thought after a visit in the form of direct speech. In line 291 again she quoted her own thoughts, this time in relation to a clinical situation which had parallel with the development of the observed infant. The observer later quoted the mother again three times in succession [lines 302-306] when she was talking about the last observation and how the mother intended to keep the routine they had established. She followed this by saying what she imagined the mother might be thinking [line 310]. She then quoted what the mother had said to her after the observation [lines 321 & 322]. These last 5 were particularly positive comments. The next three were quotes from the interaction with the observed's mother, by whom the observer felt not so welcomed at first [lines 385 & 387]. The next was another quote from the mother when she was absent for an observation [line 440]. One was a conversation she had at home about writing the observation up [line 604]. The last 3 were relating to a conversation she had with her advisor about her training generally and her linking this with her own development in the observation [lines 622-626]. This links with my thoughts about the parallel process [see congruence of process, above].

The observed only used direct speech twice, and I was very surprised to realise this as it had been such a lively and interactive interview. Both were about her experience of being helped by the observer's presence [lines 516 & 517] and were part of a vivid description [see below].

Vivid descriptions

Strong feelings. The vivid descriptions from the observed also include the interaction with the observed infant who was by then a lively and engaging toddler and present throughout. The first three examples were when the mother was describing the challenges of being a new first-time mother and how she could sometimes feel overwhelmed. She conveyed this clearly and sensitively, and each one included a comment that the observation had helped her with these moments [lines 196- 200, 232-237, 240-245 & 513-516]. In lines 412- 418 the mother was playing with the little girl and they were putting something into a basket. It was absorbing and very nice to watch. I remembered what the observer had told me about the mother using the bag to help the baby prepare for going to nursery. It was followed by the mother really communicating how proud she was of her baby, and needing some confirmation of it [lines 410- 415 & 427-438]. Later I asked the mother about any standout memories and she returned to the feeling of pride she had in something the baby did, and how that was so helpfully echoed by the observer [lines 495-498].

The observer began by telling me that she had been “shocked” at first by how much the experience made her feel [lines 8-17]. She gave a very vivid description of the last observation where the baby was really upset. I found it “painful to hear” and noted that I might have been anxious about the baby if I had not seen her well and happy the previous day [lines 96- 103]. The next one was in response to my asking an open-ended question where the observer first described lovely things about the little girl and the way her mother was able to attune to her and facilitate her development. She went on to talk about the early weeks where the feeding was difficult and she felt that atmosphere was strained; she felt they both needed her to be there and pay attention, the feeling of sitting on the sofa was evoked in the interview. I noted that I knew where she sat because of the way the mother looked at the sofa where I was sitting, but not quite at me at times [lines 186- 198]. There was another similar description following some direct speech where the observer also spoke about her own mothering experiences [lines 225- 229].

1] Being ‘watched/ judged’ and being ‘put at ease’

The observed spoke early in the interview about her concerns that she was going to “be judged”, and that she worried that she would be seen to be not managing and “not being good enough” [lines 17-27]. She went on to say that it developed into something “nice” – a word she used 4 times- “to share the journey” [lines 29 & 30] and see how much she now “enjoyed being a mum” [lines 32 & 33]. When I asked

her about any difficult things she referred to not knowing quite how to be and how much to speak at first [lines 78-80]. She said she felt “vulnerable” [line 85] in the early weeks, and that this was a surprise to her. In between these comments she indicated that it was a good experience and that the observer became ‘part of her life’ [line 61]. In response to my saying it was a “very special experience” [line 160] She spoke at length and very articulately about the value of the experience [lines 171- 173, 177-183, 197-199]. She referred to the consistency [lines 207, 322] and that it did not feel like a “chore” [line 306] or a “drag” [line 330]. She said that initially she was unsure how to ‘be’ with the observer and that the observer was “always really respectful” [lines 446-450]. She said it was “a positive experience” [lines 452 & 456] twice and said that the observer “did a really good job” [line 465]. She spoke several times in more depth about what she got from the experience [see holding and containment, below]

2] “Lovely/ Loved”

The observed did not use these words, but gave the impression of them. For example, she said it made her feel “validated” [line 179] and that it was an “opportunity” [line 180]. Other examples of positive language are in lines 198 [“helped”], 200 [“beneficial”], and noting that she “looked forward to having her” [line 212]. She said that the baby “was always really pleased to see” the observer [line 424]. The observer said it had been a “privilege” [lines 55, 233] and noted that she “really liked them both” [lines 68 & 69]. She went on to say that she “really loved” the baby, that she was “lovely” [line 91] and that she “really liked her”; she was “sassy” [line 179].

3] A calm space

The mother said that the observation helped her to be calm [line 240] when she was feeling overwhelmed.

Motivation

The observed’s first response when I asked how she came to volunteer was that she had had problems herself recruiting for her research and she wanted to help. She then went on to say that in her work setting she had met people doing infant observations and she thought it was an opportunity she couldn’t “say no to” [lines 3-16]

Silences and ‘Turn Taking’

In the interview with the observed there were 82 short silences, mostly of 2 or 3 seconds. Only 12 of these were between us and related to 'turn taking'. Around half of the others were when we were both looking at and interacting with B. The rest were contained in the observed's speaking about things that she had to think about and were perhaps more difficult. For example, lines 18-27 [4], 240-246 [3] were where she spoke about the beginnings, and her concerns about how she was managing. There were similar short pauses when she spoke about her husband [lines 149-151]. In lines 177-182 where she was speaking about the value of the observation there were 3, including a longer one [6 secs] where B came and climbed on her mother's lap and "cuddled in". The other 6 second pause was in response to my asking if she had any thoughts as to how observations might be done differently [lines 442- 452] There were 4 short pauses as she explained it might have helped if she had known more about how much she was expected to talk, and then went on to speak about the experience and the observer in a positive way.

There were 114 short pauses in the interview with the observer, again mostly of 2 or 3 seconds. 14 of these involved 'turn taking' where I then made a comment or asked another question. The rest were where the observer was thinking about what she was saying, and all of her longer talks are interspersed with these. There was a longer pause [line 109] following when she used the word "meaningful" to describe the experience, and another [line 275] when she was talking about watching the baby develop so well [see healthy narcissism, below]. There was a longer pause [line 366] after we had been talking about what I had seen of the baby, and I followed with a question. This happened again [line 444]. In both interviews the 'turn taking' seemed equitable and easy; sometimes I responded to a pause when the interviewee was indicating that they had finished what they were saying, but mostly the pauses were about their own processes.

Reflexivity

I wanted to interview this mother because of the feedback she had given her observer which seemed so articulate about her experience. This was different from all the other interviewees where I just accepted the first people who volunteered. I found it as helpful as I imagined it would be. It was also my last set of interviews, and I noted by the end of the last interview [with the observer] that I was beginning to process my thoughts as we were talking together [opposite lines 625]. I also noted that the interview with the observed was paralleling the observation experience in some ways; the infant was present throughout and a lot of our interaction included her and was about her. I noted several times in the earlier stages of the analysis how

much she joined in and seemed to be reacting to what we were discussing. Of the 5 dyads I had met all but one of the infants, but this was the only one where the infant was so much involved in the interview.

Theory and lived experience

1] Healthy narcissism

The observer noted that “it really mattered” to the mother that the observer could “see she was doing a good job” [line 218]. She said later [lines 275- 277] that it was “really nice” to “see someone develop in such a good way”.

I noted with the observed that she sounded “full of pride” about her daughter, but then made a “wry face” about something the child was doing. I made some affirmative comment and then she returned to being proud [opposite lines 424- 436]. The observed later again used the word “pride” [line 496] when I asked about any ‘standout’ moments [see vivid descriptions], and then said that her pride was echoed by the observer’s pride in what the baby had just done [line 498]. I think this demonstrates that

the mother needs to have a healthy investment in their child which is supported by the observer. However, many of the observed’s comments suggested that she also found the observer’s perspective helpful [see holding and containment]. Thus it was not just the echo and reinforcement that helped, but also some other kind of input; the perspective, or third position.

2] Holding and Containment

Obviously the observed had access to this language in her professional life, and her descriptions were moving and felt very sincere. She said the experience felt “containing” for both of them [line 211] and used the word 5 more times [lines 235, 245, 458, 464, 515]. She went on to note that she felt “held by somebody else in mind” [line 236]. She later said that she found the observer to be someone who “was able to absorb and validate and contain” [lines 457 & 458], and although “it wasn’t a therapeutic role” [lines 461 & 462] there was “something very therapeutic about it” [line 462] in one of her rare uses of direct speech the observed spoke about feeling someone had “heard” that it had been a “really difficult week” [lines 515 & 516]. She later said that the observation had helped her tolerate the baby’s distress by the fact that her distress was being tolerated in turn [lines 554-559].

The observer also referred to the consistency, and that she thought it has been a containing experience for both mother and baby [lines 117- 122]. She said “maybe I’d held something” [line 40].

3] Projection and projective identification.

Both observer and observed were new to their roles and both felt that it was a surprise to them how different it was to what they had imagined. This in itself is not an indicator of the possibility of projective identification, but the observer's very strong experience could be. She said she was "shocked" [line 8] by the intensity of her feelings. This observer is a very experienced clinician and was well prepared for what to expect; the visceral nature of what she experienced, taken with the parallel of the observed's feelings and similar words, suggest that there was an unconscious interactive process and the observer was having some difficult feelings which were being transmitted by the mother who at that time was struggling to manage them all. The observer's strong reactions and the pull to respond suggest a projective identification.

Appendix 6- Information Given to Trainees.

Choosing a suitable family

The aim is to observe a more-or-less 'normal' development, and 'good enough' mothering, so it is preferable to have a family where mother does not have too many problems, and there is a father in evidence.

You should not arrange an observation with friends, family or colleagues. It is important to begin to explore finding a family to observe in your area in the term before you begin the seminars, but not set up a meeting until after the introductory seminar. NEAPP will provide a letter of introduction if needed.

Presenting your role as observer to the family

In presenting your role as observer to the family, it will be helpful to convey that:

- You are studying early childhood development, and the observation is an opportunity for you to have the experience of seeing a baby develop during its first year of life and within his/her family.
- Each observation is for one hour each week for one year, except for unavoidable reasons and brief holiday breaks.
- It is hoped that the family will not feel they need to make special arrangements for the observation, but will continue to do more or less what they would normally do in that time.
- The visit will take place at a regular time, negotiated with the family. It is the family's choice as to who will be present at the observation.
- You will be a member of a small seminar group [of not more than six students] that meets each week to discuss the development of the infants whom they are observing. This enables the students in the seminar group to learn about the development of the babies observed by their fellow students in addition to their own observation. All names are changed and all information is treated as confidential by you and the seminar group.
- Only one other person will know the name and address of the family, to maintain confidentiality.
- All trainees are CRB checked.
- Your role as observer is to maintain a neutral, friendly interest without giving advice.
- If at all possible, you should visit the family before the birth.

The formal letter of introduction to the family

Dear

Thank you for considering allowing one of our trainees in Psychoanalytic/Psychodynamic Psychotherapy to observe your baby.

The student concerned is . She/he would undertake to visit at the same, mutually convenient time, for an hour each week, from the time of your baby's birth throughout his or her first year. The student would always be reliable, for example, by giving you advance notice of cancellations and holidays. The baby observation would be undertaken for one year.

The purpose of the observation is for the student to experience at first-hand infant development and the baby's first attempts to communicate. The student is simply interested in your baby in order to learn and would not attempt to give advice or information on child care.

To maintain confidentiality, only one other person will know the name and address of your family. The student will be a member of a small seminar group that meets each week to discuss the development of the infants whom they are observing. This enables the students in the seminar group to learn about the development of several babies. All names are changed and all information is treated as confidential by the student and the seminar group.

I am very grateful to you for agreeing to meet to discuss the observation.

Yours sincerely,

Appendix 6

The Infant Observation Seminars:

The Infant Observation course begins at the same time as the Academic seminars. There is one seminar per week, normally held on Tuesday evenings at Claremont House, Newcastle from 6.30 to 7.45pm. Trainees must obtain a criminal records bureau check prior to the beginning of the observation. Appendix A provides advice about setting up an observation.

Trainees will visit a baby in their family setting weekly, write up their observations and present them in turn, one per week. In addition some seminal papers will be studied and discussed each term.

The group has a maximum of 6 members.

Trainees will be responsible for setting up their observation, in consultation with the seminar leader. There will be one or two meetings in the autumn before the seminar programme starts to begin the process

If there are difficulties arising for individual observations which are common to the group, they will be discussed, but otherwise the individual trainee is given some individual time with the seminar leader.

At the end of the year's observation, trainees will write-up their experiences of the observation in the form of an Infant Observation Paper. The paper will be a maximum of 4,000 words and will link the direct experience of observing the infant with relevant theory drawn from seminar discussions and from the literature. Extracts from the observational material may be linked where appropriate into themes that have emerged through the year's observation. A full seminar will be devoted to the writing of this paper.

The first draft of the paper should be submitted to the seminar leader within 3 months of the end of the observation. The final version must be submitted to the Training Committee within 6 months of the end of the observation.

SYNOPSIS:

Trainees in this module are required to observe an infant in interaction with family members for an hour each week in his or her own home, from birth onwards throughout the first year of life. Trainees arrange their own

observations with help and advice from their seminar leader and the seminar group. Trainees present detailed write-ups of their observations in rotation at a weekly seminar for discussion and analysis.

The seminars examine infantile emotional development and interaction from a psychoanalytical perspective, using both the details of the observations and reading and discussing theoretical papers.

Term 1

The role of an observer.

Earliest infantile processes.

Joan Rafael- Leff, (1993) *Pregnancy, the Inside Story*. Chs 1& 2. London:
Sheldon

Lisa Miller et al (1989) *Closely Observed Infants* Chs 1-3. London:
Duckworth

D.W. Winnicott (1958) *Through Paediatrics....* Ch 24 Primary Maternal
Preoccupation

Bick, E., (1964) 'Notes on infant observation in psychoanalytic training'. In
International Journal of Psychoanalysis, 45, 558-566.

Term 2

Developments in the infant and in the mother- child relationship.

Bick, E., (1968) 'The experience of the skin in early object-relations'. In International Journal of Psychoanalysis, 49, 484-486.

Brazelton, T. B. et al. (1975) Early mother-infant reciprocity, In: CIBA FOUNDATION, Parent-Infant Interaction. Ciba Foundation Symposium 33, Amsterdam, Associated Scientific Publishers, pp. 137-154.

Hindle et al (1999) Personality Development Ch 3. Routledge: London

Likierman, M., (1998) Maternal love and positive projective identification. Journal of Child Psychotherapy, 14(2), 29-46

Mahler, M.S. et al., (2000) The Psychological Birth of the Human Infant, (2ND Ed) London, Basic Books.

Term 3

Developmental milestones in the older baby
Possible difficulties

Fraiberg, S.H. et al. (1980) Ghosts in the nursery: a psychoanalytic approach to the problems of impaired infant-mother relationships. In FRAIBERG, S. H. editor, Clinical Studies in Infant Mental Health. The First Year of Life, London, Tavistock Publications, pp. 164-196.

D. Stern- (1998) The Interpersonal World of the Infant, Missteps in the Dance London, Karnac.

Trevarthen, C. (1979) Communication and co-operation in early infancy: a description of primary inter-subjectivity. In Bullowa, M. (ed) Before Speech: The Beginning of Interpersonal Communication, Cambridge: Cambridge University Press, pp. 321-347

Background reading

Bowlby, J., (1969, 1973, 1980) Attachment and loss, 3 Vols, London, Hogarth Press.

Bower, M. and Trowell, J., (1995) The Emotional Needs of Young Children and their Families, London, Routledge.

Daws, D., (1989) *Through the Night. Helping Parents and Sleepless Infants.* London, Free Association Books.

Harris, M., (1983) *Thinking about Infants and Young Children*, Strath Tay, Perth, Clunie Press.

Miller, L. et al. (1989) (eds.) *Closely Observed Infants*, London, Duckworth.

Piontelli, A., (1986) *Backwards in Time. A Study in Infant Observation by the Method of Esther Bick*, Strath Tay, Clunie Press.

Reid, S., (ed) (1997). *Developments in Infant Observation. The Tavistock model*, London, Routledge.

Salzberger- Wittenberg, I., (1988) *Psychoanalytic Insight and Relationships. A Kleinian Approach.*, London, Routledge & Kegan Paul.

Sinason, V., (1992) *Mental Handicap and the Human Condition: New approaches from the Tavistock.*, London, Free Association Books.

Stern, D.N., (1998) *The Interpersonal World of the Infant*, London, Karnac.

Stern, D.N., (1998) *The Motherhood Constellation: A Unified View of Parent-Infant Psychotherapy*, New York, Basic Books.

Waddell, M (1988) 'Infantile development: Kleinian and post-Kleinian theory, infant observational practice' in *British Journal of Psychotherapy*, Vol 4(3)

Waddell, M., (2002) *Inside lives: Psychoanalysis and the Growth of the Personality*, London, Karnac.

Appendix 6

Winnicott, D.W., (1971) *Playing and Reality*, London, Tavistock Publications.

Wright, Kenneth, (2009) *Mirroring and Attunement*, London, Routledge

Wright, Kenneth, (1991) *Vision and Separation: Between Mother and Baby*, Free Association Books

'I was about three months pregnant when my colleague showed me a post on the BPC website trainee's bulletin looking for a mother and baby to observe. My work as the BPC's development officer, had allowed me see the importance of the profession in a way I never acknowledged before, and I thought volunteering would be a way to offer support.

I got a really good feeling from my observer when my partner and I first met with her, and didn't get any initial sense that infant observation would be something intrusive or hard to deal with. We thought nothing deeper than 'let's give it a go'. It was only after the first couple of visits, which were strange because I was so preoccupied, I didn't really register her with us, that it finally weighed on me what infant observation was and what we were doing. In the early weeks of our son, B's life, even making the smallest decision, like what time she should come, was hard and felt very important. We eventually settled on a time, although I sometimes questioned that decision when I had been up all night. I often dressed as the doorbell rang.

When I tried to talk to the observer, I didn't get much response and quickly accepted that she wasn't there for a chat. But even in her silent interaction I never felt ignored. She wasn't a negative presence, and managed to somehow silently project warmth. That helped with those early feelings of 'who is this stranger who doesn't talk?' A few times in the early days when I found breastfeeding quite difficult, I had surges of embarrassment, and felt anxious that maybe she knew exactly what to do, then that quickly disappeared. She was just so good at melting into the environment. I remember nearly halfway through the year when I had got into a routine of nursing my son to sleep on our bed, she would just sit in the background watching us, and I thought, 'wow, how amazing that we can get to this point and it not feel strange'. It didn't feel like it was an element of support, more that she was just part of our routine, part of this whole experience of being a mum.

It was only towards the end of the year that I understood more about what it meant to my son, and I definitely wondered how he felt about their interaction, or more accurately, the lack of it. For quite some time B has recognised her, and tried to entertain or engage with her as soon as she arrived. I think maybe he found it strange that someone just sat there, smiling. During the final observation he even tried handing her a book that he wanted her to read, and I could see she found it hard. He has a secure attachment to her, as he is very calm around her, which is great to see because it confirms that he has enough of an attachment to us to feel secure enough to want to play with that other lady.

I did feel lonely sometimes but having that third person there, even not talking, felt like something was happening and that I wasn't talking to myself. There was also comfort in that regularity at a time that was so chaotic and scary. It was a constant I would almost look forward to.

The observation lasted a year and ended in January. It feels really strange to think that someone who was very much a part of such a momentous and amazing year, right from the beginning, wasn't going to be there anymore.

She is definitely going to be missed. A few weeks ago she said she would also find it quite strange not to come back, that she would miss him. She asked if we would mind her coming back on a more ad-hoc basis. I'm sure it would be a shock for B not to see her and I'm happy for that to continue for as long as she and he, wants. Perhaps in time maybe he could give his own perspective and comprehension of the situation. I definitely would find it interesting to see what he feels or thinks about it. God forbid it would be something like; 'why did you put me through this?!'

Overall, the experience has reaffirmed the roll of psychoanalytic psychotherapy and the fact that it needs promoting. It gave me an insight in to the depth that practitioners go to understand human development, social interaction and emotional attachments. I mean, for quite a long period of our observation my son would be asleep for almost the entire session and I remember thinking sometimes 'even I wouldn't watch him sleep for an hour and he's my own son!' That's the thing that impresses me the most about the profession; it's very serious and thorough.

Appendix 7- Reflexive Diary Extracts

D1

I was a bit anxious the night before and got there very early. I wasn't sure of the house and knocked about 5 minutes before the time at the wrong door but L heard me and came out. The house is in a modern estate at the end of the cul de sac. A pleasant and welcoming young-looking woman invited me in to a comfortable modern room and offered me a drink.

I explained about the purpose of infant observation in this context and why I wanted to do the research. I had already sent her the consent form to think about and she said she was happy to go ahead.

She has an older child as well and both children were at school/nursery. She named the child who was observed; I explained that I did not know his real name and she was interested to know what pseudonym J [the observer] had chosen. She was pleased with it, a blend she said of both her children's names. She confirmed that she was happy to be recorded and I switched the recorder on.

My impressions were that she had much enjoyed the observation and had valued J's regular visits and the sharing of the baby with her. There were some sad moments; when she talked about the 2 miscarriages between her first and second child and when she spoke about losing her first baby. She said both of her pregnancies were therefore anxious ones. There were also some moments of emotion not really sad but very poignant; this special and precious baby's first year had been shared with J but also marked by J's observation of it; she was keen to know what J made of the observation and what she had written. She also thought the baby should have something for the future; that he should know he was observed and have something written about it. She was also keen to see the transcript of our conversation, and the paper J had written; she is herself a healthcare professional and said she would be interested in the theory as well. She was pleased with the idea that she could see the finished thesis as well as what she contributed to it.

As I left my strongest feeling was one of gratitude; that she had made it easy for me but that she had agreed to be observed at all.

Notes made on day of visit 30.1.15

Notes made on day of finishing transcript 9.2.14

I was surprised to see how much I'd talked; I am used to not saying so much when I'm in a work context. I wondered why I'd said so much; obviously I was anxious and wanted it to go well. I also wonder if it felt very important to give something back to

this mum who has had such a difficult time having and keeping her babies; it seemed very important to her to feel that she had done something good and helpful in agreeing to be observed; a gift to the observer, and then to me doing the research. I was also struck in transcribing how many times she said yeh; affirming what I'd said and very engaged with me.

D5

I remembered the observer telling me about how she noticed that mother introduced the nursery bag and left it for the baby to play with and look at and would tell her what it was for and what would go in it. We both thought this was very sensitively done to prepare the baby for the separation. In the transcribing I also thought about what the observer said the baby would do with the bag, which was often put things into it and take them out of it - a container. Mother's voice in this interaction is particularly warm and full of pride; it felt nice. She then made a slightly wry face as B was taking something off the shelf - as if to imply that she was too used to getting her own way. I smiled and she returned to being proud - no bad thing. I then followed up by confirming – the baby was full of personality! An observer would probably not have confirmed it verbally, but I thought the same thing was happening; the mother was tuned to my reaction and as soon as I smiled she was able to return to being proud of her baby.

Transcribing, I think B said something like eh eh every time Mum used O's name. I think she wanted to see the observer! They went [used to] go to the door to greet her and we keep using her name.

In my teaching psychotherapy trainees in this area I have become interested in the effect on them, on me as the tutor, but particularly on the families observed. I have wondered about whether the observation process itself offers the observed something helpful; certainly this is the informal feedback that is commonly received. I wonder if the process offers some form of containment which is unspoken but of value to the infant and their carer.

I need to find out whether this is an area which has been previously researched. I had found some research and one other doctorate which looks at the effect on the trainee or student and its value in training. (Dec 13)

In my submission there seemed to be an underlying assumption that there was something unresolved about the observation experience. This has emerged to my surprise in the 2 previous studies available; my assumption up to this point was that it

was helpful experience for the observed and the observers. I need to learn more about doing a systematic literature review and writing something about the topic. (July 14)

Why is IPA a suitable tool for my research? My plan is to use trainees and the families they observed for the research - how would the auto ethnography fit with IPA. What would IPA bring that grounded theory would not? (October 14)

My literature review is rather 'snowballing' and I need now to focus on a few key questions to bring the material back. I also need now to begin to integrate more psychoanalytic theory into my research work; I have been leaving it aside somewhat in

order to look at things with fresh eyes and not make assumptions. I need to be more specific about which parts of psychoanalytic theory I am using to look at the material, and linking the epistemology of psychoanalytic theory to IPA. I also need to think about locating this in the broader context of observational practice- e.g. what does it mean to be held in mind? (July 2015)

Discussing a transcript and noting what I might need to be thinking about in the thesis with my supervisors it is evident that there is a lot more feeling and emotional intensity in the interview with the observer than the one with her observed participant. This is borne out in the other interviews I've done. I wonder why that is; am I as the researcher bringing something different to the interviews, and/or is it that for the observed, it was an experience which was good and uncomplicated for them; they had not had occasion to think about it in depth whereas the observer had been thinking about it every week. I think that it is probably both and that the embedded researcher has to include all this in the analysis, paying particular attention to the parallel process. There is a lot to think about in the relational aspects of the experience for all parties. Later in the interview O2 noted that the mother related to the end of the observation in a light-hearted way; again, is this a sign of something being denied or of something being a good enough experience and thus assimilated fairly easily, as with good enough mothering? Looking at my work as a researcher, I need to look at how I help the mothers remember, as well as the observers, and see where there are differences. I also need to notice disfluencies and diversions. The theoretical question the research is engendering in me is whether projective identification is a primary communication process or a secondary process where attunement has failed. (October 2015)

In discussing the transcripts with my supervisors, Dr J has often reached similar conclusions to mine although obviously from a completely different methodological and theoretical starting point. This is both creative and valuable; it offers a triangulation and wider perspective as well as possible verification. There are different levels of understanding that the analysis of the transcripts offer; the mothers talk about wanting to help and about the observers looking at developmental milestones, but at deeper levels other reasons and experiences begin to be alluded to. I have been thinking about the reports the observers write, and the fact that the family rarely see it. How differently would it be written if the parents automatically had a copy? How much of what the observer feels is revealed to the family? The observed seem to indicate that they are aware of other levels of what is being looked at and thought about by the observer. What the observer notes is not usually shared with the family but is included in their report. The observed seem to indicated that they would prefer to have this, or some of it. (April 2016)

I am still enjoying the journey and feel that I have a grip, if somewhat slippery, on the task in hand. I am planning to write a Chapter a month from January, which should mean that the draft is finished by July. (Nov 2016)

I need to get the draft of the thesis pulled together and make sure it is in sufficient depth and has good research evidence. I need help with this.

I have written so far about 48k but still have a lot to put in so will have to edit once the structure is sorted out. If the observer is in a state of projective identification, is that from the mother, the baby, or the mother-and baby? The theory indicates that if this was so it would mean that the projector has 'got rid' of something; is there evidence of this? And how could it be shown? What is the status of knowledge? It has to be gained both from theory and through the understanding of the lived experience. In the theoretical realm, grappling with polar opinions and trying to mediate the variables can facilitate understanding at more depth. It is very important to get sufficient depth; apparent superficiality can be a pitfall for qualitative research and is a criticism of IPA. (January 17)

There are many interesting and helpful points from the detailed analysis of the IPA/Psychoanalytic papers in the general way they have shown the movement from description to meaning making [themes being present in all/most participants,

audit/triangulation and textual analysis e.g. repeated words] and from this to existential import. What evidences existential import is essentially some form of reflexivity- what feels meaningful and important to the researcher and whatever triangulation other[s] is/are used. The specific use of countertransference is rarely mentioned except by

Donachy. It is implied. This is a possible problem with IPA- using commonality where there are few subjects also means that what is not said, or areas of disagreement, are left out. It does not resolve the problems of confirmation bias. Using audit where researcher's reflexivity is meant to be embedded also has problems as the meanings should be co constructed. Using reflexivity to show existential import without exploration of unconscious issues and countertransference only shows half of the process. This problem does not seem to produce superficial findings in the papers, but findings which are hard to really track evidentially. It seems that the endeavour to blend IPA and psychoanalytic thinking is only partially successful; Smith has specific criticisms of the psychoanalytic approach; perhaps the attempt to use IPA for psychoanalytic research has been in part a failure of the psychoanalytic community to claim the validity of the method as a research method in its own right. (Sept 17)

My supervisors say that more research depth is needed. In the Chapter on the transcript analysis using three tools the rationale for using these tools has to be coherently spelled out and evidenced, not just with one reference. Their use needs to be justified with 3 or 4 pages of in-depth argument from the examination of other references and my reasoning from this. I will also need a Chapter on central psychoanalytic concepts. However, the psychoanalytic perspective needs to be kept in throughout the thesis and cross referenced- at the moment I am still holding them too much in parallel, they need to be integrated. However, the research method has to be the organising principle around which the thesis is arranged. I also need something on strengths and limitations of the study. (January 18)

In consideration of the thesis- there is a coherent story and strong line emerging but there is too much extraneous material; I need to change the emphasis more so that the strong lines can be seen and heard better. Although I have argued that IPA cannot be removed from the psychoanalytic epistemology, I have tried to produce that in the thesis by leaving the bulk of the psychoanalytic perspective until later. It will be much better to weave it in. (April 2018)

Appendix 8- Feedback from participants and reference group discussion

As the first draft of the thesis was completed I sent the overview and a précis of each Chapter to all the participants. The observed participants did not have much to say, although what they have said is positive. This mirrors the impression they gave me and what the transcript analyses have tended to confirm, that it was a good experience which they consciously found little to remark on. The observers have had more to say about their ideas and their experience of the observation and the research. One remarked that she thought there should have been more included about the infant observation seminar and my role in it. This links with the comments from one of the reference group.

Participant Comments

April 2017

Thanks for sending these to me. Both documents read really well and make me interested and keen to read the whole thing! This seems to be an achievement in itself as I am especially bad at welcoming reading about research..... I like the way you have written about the research process and the psychoanalytic process, and that you draw some parallels between them.

The points that I found most interesting and relevant were as follows:

- That putting into words the observation experience was difficult for observed and observer, and how this is likely to reflect the dominance of infantile states of mind and experience of the observation; experience beyond words.
- The question of healthy narcissism in the consulting room and how this might operate
- The issue of whether a neutral stance is possible or might be unhelpful in observation (and perhaps raising questions about what is a neutral stance clinically too)
- The point about the observers who agree to participate being likely to have a good secure base, hence being able to ask for this input to support their development and that of their baby. O5

I have really enjoyed hearing about this – I think especially having been part of it. The only thing that kept coming into my mind when I was reading the overview was about the infant observation group, which I don't think was specifically mentioned in the overview, just you being a tutor. I don't know if you would mention it in this part of the research or not or whether you go into more detail about the set-up in the Chapters. I suppose I am going to be biased about that as for me, it was absolutely vital in helping me to be able to observe and provide the space and containment in the observation. O4

May I say this is an amazing study and I've enjoyed reading the attachments. I think your two focus areas are really interesting. The 'chain reaction' of my infant observation continues and I think of it a lot. A year ago a psychologist in my team was going on maternity leave so I put her in touch with one of the new trainees. She recently emailed me to tell me it had just ended and how much she had valued the experience. She told me that two weeks after the birth her grandfather had a heart attack and was diagnosed with terminal cancer. I know she was close to him as he was a main support in her life. She said she suddenly became his carer at the same time as becoming a mother. I think she was expressing the importance of having someone who held her and her baby through that difficult time.

Her email prompted me to email my observation mother who replied it was strange I should email as she had been thinking of me lately but she wasn't sure why. I think it was perhaps because a transition for her and her son was coming up and being negotiated. I believe the value of the observation must continue to resonate, especially at transitional hot points.

It always amazes me how deeply the observation goes and how strong are the after effects on mother, baby, and observer.

I look forward to reading your finished article. What a huge amount of work you have put into it. I imagine in the future it will be of huge benefit to not only infant observers but anyone working with mothers and children. O1

Many thanks for this and the additional paper I am going to read them over the Easter. I really enjoyed the presentation it reminded me of the importance of the infant observation in terms of learning how to maintain an analytic stance under the forces of both external projections and the vicissitudes of our internal world. I also thought the link between ruptures and projective identification processes was really helpful for clinical work and learning how to listen inwardly in a particular way. I found the overview a pleasure to read. I really liked in your concluding paragraph the

notion of something being "created" in the process of being observed...it made me think of Thomas Ogden's work on the inter subjective third, the place in therapy between analysand and analyst where a new meaning, or version or reality is created. O2

This looks great. What a lot of work already! D1

Lovely to read your overview and précis, what a lovely writing style you have! It all sounds really interesting; I can't wait to read it! D5

Reference Group

Obviously, my central reference group has been my two supervisors, who have commented throughout, helpfully and challengingly, at every stage of the research. The body of the thesis therefore contains much of what they have contributed to my thinking and the development of the research. This specific section considers ideas from a small reference group external to the university which has included infant observation tutors and a psychoanalytic psychotherapist who had used IPA in her research in Ireland.

Again, overall the group have been interested in my findings and ideas, and have tended to agree with what I have suggested. However, there have been other ideas and perspectives.

Prof Francis Thomson-Salo

Prof Thomson-Salo is a senior psychoanalyst, infant researcher, clinical practitioner, infant observation tutor and author. Her most recent book (2014) is a collection of papers about infant observation. Her commentary on my findings that the experience of being observed was benign and consciously unremarkable was that this is often the case in her experience. However, it is not always what she hears. She considers that the experience of being observed is heavily influenced by the way the observer conducts the observation. This in its turn is heavily influenced by the way that the infant observation tutor sets up and structures the observation and what the observer is told about how they should behave. In a long career she had heard of a number of instances where observers were instructed to behave in ways which she thought

were not respectful of the observed family's or infant's experience, and that in these cases the observed often had a difficult experience, and a painful ending. This is confirmed in some ways by the MA research of Bekos (2006).

Prof Thomson-Salo also noted that there could be an unfortunate tendency to pathologise ordinary parenting and look for difficulties in what were normal processes and activities. This did resonate with one of my original reasons for becoming involved in infant observation, it was a regrettable tendency I noticed in my context but which I thought was localised. My supervisor in setting up the programme was also very clear about respecting the family and behaving kindly whilst gently holding appropriate boundaries, and not pathologising any of the infantile processes which could be discerned or extrapolated. Thus, I had set up an infant observation context with these values explicit; Prof Thomson-Salo's views could indicate that this setting up could well have been decisive in the outcomes I have found. If this is so, it does not invalidate the research, but leaves many further questions, and has many implications for the profession. In particular it suggests that there may be many observed participants who did not have a satisfactory experience and to whom I have had no access.

Watillon-Naveau (2008) also found similar results to mine for the 100 + participants she interviewed over many years, but these were also observations which she had set up and supervised, and had the same explicit values as I had espoused. Prof Thomson-Salo thought that my findings which led me to make a theoretical point about projective identification were interesting. This accorded with her own thoughts and theoretical explorations over many years, originally outlined in an unpublished paper (2003). In this paper she stated that she thought the psychoanalytic description of projective identification, and the experience of it from both sides is essentially different from the infant's desperate communication when they feel themselves to be falling apart. Referring to some previous theoreticians who had also argued for projection and projective identification to be separated, and projective identification to be seen as a consequence of a failure or disruption, she noted that these were theoretically based, and had not really been taken up or accepted within the profession. Her argument came from infant observation and infant research, including neurophysiology, which she said indicates that a reasonably well attuned mother will know what their baby feels because she can feel it. This means that all the infant research of the last 20 years points to a "single mind model" between mother and baby, rather than a picture of two systems trying to connect. Thus, the mother-infant system is co-regulatory, which manages feelings, mediates difficult states and increases pleasure. This confirms what I have thought in

analysing the transcripts. I hoped to give evidence of the existence of projective identification by firstly looking at the unusual feelings, and following them through to look at what might have needed to be evacuated in this particular way. I then looked at the possible effects of the experience of projective identification for the projector. These ideas came about not only through theory or what I had understood about infant research, but by the lived experience of what was communicated to me, and what I found in the in-depth analysis of the transcripts. I think this is another possible confirmation. The psychoanalytic theory and the infant research were known to me, but the majority of psychoanalytic theory has not made a distinction between projection and projective identification. The infant research does not specifically consider this theoretical concept. I did not know about Prof Thomson-Salo's unpublished paper and her ideas until I discussed my findings with her in April 2017. Where I have arrived at has come from the research data and is now being informed by other research. This is the IPA methodology.

Dr Watillon-Naveau is a senior child and adult psychoanalyst of many years' experience living and working in Belgium. She is also a child psychiatrist. She has supervised very many psychoanalytic infant observations and has interviewed 100 families after the end of their observation. She has written 2 papers about this which have been translated into English and published in the Journal of Infant Observation and several other papers relating to infant observation. She has also written about psychoanalytic work with children and parents.

She felt that she wanted to do these interviews in part because in the profession as a whole it is thought, and stated, that being observed in this way is appreciated by, and helpful to, the families. However, she felt that this was speculation and in fact the observed families had not been asked about their experience.

Dr Watillon-Naveau conducted discursive and open-ended semi structured interviews. The families were asked by their observer if they would agree to speak to a colleague about their experience. She had only one refusal.

She enquired about their reasons for agreeing to be observed. She noted the responses came under 3 main headings; the families wished to oblige the person asking- often their doctor or other professional; the families wished to help someone who was studying and often said that they would hope someone else would help them in a similar way should they need it; and they wished to contribute to general learning and science which might help future generations. Over the years she had done these interviews she saw the first reason diminish in importance and the other 2

reasons became more important in the minds of the families. Dr Watillon-Naveau also thought that the mothers were often aware of their natural anxiety and had the idea that an observer coming weekly would be helpful to them, although this was not generally conscious.

In every case but two, the families reported that they had indeed enjoyed the experience and were pleased that they had taken part. In one of the two where this was not the case, the mother reported that her observer sat in the corner “like a plant and did not interact or contribute anything. The mother said she was sorry about this and would have liked something different and livelier. In the other, the mother seemed very suspicious about why her observer had ‘really’ been there and what they were looking for; Dr Watillon-Naveau thought that this was not specific to her experience of being observed but was more a general experience this woman had of life. On some occasions the parents, usually the mother noticed that being observed had helped them to be less anxious.

All said that they were sad at the end of the observation, and missed the observer's regular visits for a few weeks. However, Dr Watillon-Naveau felt that they did not seem to be unduly distressed by this and that after a few weeks the everyday activities of family life meant that the loss of the observer was generally only keenly felt for a short time. She noted that in all cases the family wished to have some feedback from the observation and what the observers had learned from it. Dr Watillon-Naveau discussed with the families whether they thought the baby had noticed their observer and whether their presence or absence had any effect on the baby. Most families said that the baby seemed to recognise their observer after a while, but that they did not feel that the baby missed the observer after the end of the observation. However, when the child was present for the interview, Dr Watillon-Naveau noted that they often had a reaction when the observer's name was mentioned; one child went to the door, another began to use the name of a family member who had been staying and recently left, and several brought the toy which was the leaving gift from the observer to show her.

Dr Watillon-Naveau supervised these infant observations in small groups. She was clear that the observers needed to find a place which was not too involved with the family- one observer became a friend of the mother and this meant that the value of the observation was compromised for both observer and the family. However she was also clear that an unresponsive and cold observer was not helpful to the family. Even when there were evident problems within the family, her experience was that it was most helpful for the observer to maintain their observation and observational stance; only once did she recommend that the observer move out of their benign and

neutral position to actively interact with the infant when it seemed that the parents could not. This was effective and enabled the parents to re-engage. She thought usually it was better for the observer and the family for the observation to come to a proper end and not carry on with intermittent contact.

Dr Watillon-Naveau's assessment of the unconscious dynamics at work in the parents' experience of being with the observer was that generally the observer became identified with the baby in some way in the mother's mind. The quiet observation, the work of finding a place together and the increased confidence and development of the observer mirrors the infant's development. The observers usually identify with the baby and the baby's experiences. She gave an example of this dynamic; a mother has her infant sitting on her knee, facing the observer. She tells the observer that the baby has now learned to play 'peek-a-boo', and it makes the baby laugh. She then shows the observer this by moving the baby's feet so that they disappear and reappear behind the table. However, it is the observer, not the baby, who is having the experience of the feet disappearing and reappearing. The baby, of course, does not laugh, rather to the surprise of the mother. Dr Watillon-Naveau thought this showed clearly that the mother had unconsciously confused her baby and the observer in this moment of interaction.

Dr Watillon-Naveau was also of the opinion that the infant was well aware of being observed in this particular way. Referring to recent research into neural pathway activity in young infants wherein the infant's neural pathways are shown to be active in the precise pattern of those of the adult performing a motor task in front of them, and referencing the work of Stern and others Dr Watillon-Naveau considers that it is inconceivable that the infant would not be affected by the experience of being carefully observed. The infant learns by observation, and by the brain being able to develop in accordance with what the infant sees and experiences. She gave two examples of how she has used the understandings from infant observation to inform clinical and therapeutic work with families. In the first family the child, aged 2, was unable to sleep. The history of the pregnancy was that this much wanted baby might have had such a serious medical condition that a late termination would have been the only possible course. This anxiety lasted for most of the second half of the pregnancy; the parents dared not invest in having a healthy baby and in discussion noted that they had stopped talking to the in utero infant. Dr Watillon-Naveau felt that the child knew about this and the anxiety was still with the child. She put this into words for the child and

linked it with their worry about going to sleep. In the other example, a child of nearly 5 had become very aggressive with his mother. She learned that the next baby had died very young; the parents had not talked to this child about it, feeling the child was too young to have remembered anything about it. Dr Watillon-Naveau saw in his play that the child wished to be 'superman'- in order, she said, to have the power to make the dead baby come alive. This was confirmed by the child. In both these examples the putting of words to the child's felt experience was central in resolving the problem; furthermore Dr Watillon-Naveau related her understanding and conviction that these very young children could perceive these emotional situations and would react to them as in part to do with her long experience of infant observation and what the observer can see and feel in their identification with the infant.

Later reflections

I think it is of particular interest that Dr Watillon-Naveau sees that the mother in particular identifies the observer with her baby. This is in contrast to the usual transference situation in which the clinician is identified with a parental figure. I am interested as to why this should be so; presumably it is more than the fact of the observer's identification with the baby, although this must contribute.

With the desire for 'feedback', we have tended to think it is related to the mother's desire to hear that she is being seen as a good mother; perhaps in view of the foregoing it is also related to the mother's investment in the observer's development in parallel with her infant's development; she had an investment in their development.

JMcGH 25.2.15

Notes from discussion with Dimitra Bekos January 2015.

DB interviewed 3 mothers in depth after their observations were over about their experience of being observed.

We identified 4 questions pertinent to this doctoral study.

1] Why this area is so little researched and thought about systematically.

Given the ubiquity of infant observations, not only in psychotherapy trainings, we thought it was of note that as a profession we have not enquired very closely into the experience of the participant carers and infants. During the observations observers

generally get positive feedback from the families who seem to enjoy and appreciate this intimate contact with a benign and positive observer who holds the family in their gaze but neither interferes nor judges.

When thinking about setting up their observations, trainees are usually concerned that it will be difficult to find a willing family; the observation is like a gift from the family for no reward. As they settle in to the family and find a place there they become more comfortable and begin to feel the families' enjoyment and appreciation of their presence. However, possibly the anxiety persists; an uneasiness that something is taken from the family about which we feel obscurely guilty and have in some way disavowed.

We know that the observers have very strong feelings about 'their' mother and baby [it usually is the mother who is present for most of the observations] and thus will understand that the participants are also likely to have strong feelings; however in this non clinical relationship there is no arena in which to interpret and resolve feelings which are evoked by being together in this way and in this emotional time. The observer is there as neither clinician nor friend; both observers and observed have to find a way of accommodating this. Nevertheless, the total situation is one of high emotion which is experienced but unspoken and quite often unconscious. Our conclusion was that all these factors have made the exploration of the families' experiences an area which we have felt diffident about investigating.

2] What the effect is of the ending of the observation for the participant families.

Practice varies in trainings about what trainees are told to do about the ending of the observation. These range from a fairly relaxed and individual approach where trainees are told they can keep in touch with the family in an informal way, to a strict requirement that trainees say goodbye at the last observation and have no contact subsequently. Practice also varies about the written paper; families may not even know there is one written; some will know and may be offered extracts from it.

Obviously, these different practices will affect the families' experiences of the endings and their loss of the observer; however, there is still a loss which will have some impact irrespective of how the ending is handled. The loss of the observer will also be likely to echo and resonate with the normal parental tasks of accommodating loss and celebrating development which are mutually indissoluble. For example, baby is growing and changing and most mothers have to go back to work during the ending phase of the yearlong observation. Loss therefore will be likely to be very much present in some way.

Nevertheless, a requirement to stop abruptly merits further thought. It may be used as a part of the assessment process in the training to show that the trainee is able to hold their boundaries and say goodbye clearly. This is a vital skill in clinical work but may be experienced by the participant families as rejecting and hurtful. Trainees may also feel troubled about any such requirement but are already onto their next stage of training and may also feel relieved at any reduction in their time commitments. But trainees may anyway feel relieved as well as sad at the end of this powerful experience which has stirred them up in the most primitive way and even if not 'forbidden' to keep in contact with the family they may still feel uneasy and unsure of how to go back or how often. The trainee may somewhere feel guilty about the baby and his/her development being dropped out of mind as the trainee has to get on with their own developmental tasks. As a profession we may feel uncomfortable that we somehow take advantage of families at a vulnerable and special time and then abandon them; this may not be the families' reality but such a fear will inhibit our examination of the families' reactions.

DB noted that in her interviews with the mothers they were all much exercised about the ending; they all wanted to know what had happened to the observer and what had

been learned from the observation. Behind this she felt they were wondering if their observer still had them in mind and they keenly felt the loss of the contact. They all powerfully communicated both grief and anger about how they had been left; it was particularly demonstrated at the end of the interviews where the mothers asked searching questions about observers and their experiences and thoughts. DB, an experienced clinician, found that the strong feelings communicated have stayed in her mind ever since.

These factors- the inevitable strong feelings present, the attachment to the observer and the loss of their weekly visits, and the parameters of the relationship meaning that working on the ending using clinical techniques cannot be used, indicate that great care needs to be taken over the ending and the family will probably need at least some feedback about the experience and the chance to find some sense of resolution and closure.

3] What the ethical implications of conducting infant observations are.

Research in the human sciences requires that preserving the wellbeing and dignity of the participants is paramount, and this of course must pertain in infant observation. There is general agreement that for the observer to become an either critical or interfering presence would be unethical. Infant research shows unequivocally that

infants are reactive to human faces, are programmed to respond to human contact and become distressed and disorganised where they do not get a congruent response to their gestures and eye contact. Clearly then to refuse to respond to the infants gesture could also be unethical. There are also ethical questions about how the ending is handled and how the participant families are helped to resolve any feelings they have been left with. Furthermore there could be an ethical requirement to let the participants know something about the results of the observation; although not formal research the relationships in infant observation is more like research than any other type of relationship and participants therefore could reasonably expect to have feedback and be included in the conclusions.

4] What implications there are for the conduct of this research.

In the interviews the researcher will need to be alert to the possibility that the participant families may well have questions and feelings about the observation and its

ending and this should be allowed for in the semi structured interview schedule. It would also be very important that they are offered the chance to learn about the conclusions and given the final thesis if they wish to have it. It could also help to resolve any remaining feelings to know that their observer will also be interviewed and that they can see the results of that part of the study.

In the second phase of triangulation of the data the researcher will anyway be in contact with other infant observation tutors; it will be important to know what arrangements they require about the conduct of the observations, how the ending is managed and what if anything the family know and see of the final write up.

JMcGH 18.1.15

References

Bekos, D. (2006). An Exploration of Mothers' Experience of Infant Observation. In- Infant Observation- Creating Transformative Relationships. (Ed Thomson- Salo)
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Thomson-Salo, F. (2003). Projective Identification. Unpublished paper

Watillon-Naveau, A. Observer Mothers Interviewed Journal of Infant Observation 11.2

Table 1- Other Research Papers

Date	Author	Title	Context	Participant No	Comments
2007	Bekos, D.	An Exploration of Mothers' Experiences of Infant Observation.	MA research. Participants had been observed for one year by psychoanalytic trainees.	3	Overall it was helpful but there could be problems around endings.
1997	Diem-Wille, G.	Observed Families Revisited- Two Years On: A follow up Study	Two-year observations for training in child psychotherapy.	4	It was helpful and at times therapeutic. The observers could contain something difficult the family was unable to contain at the time. The research was looking at whether the ideas about how the child might develop in the light of the evidence of the first 2 years observations.
2013	Ravitz, G.	The Observer Observed: The Parallel Emotional Experiences of the Observer and the Mother in Infant Observations.	D Phil research using WRAD analysis of the observers' written accounts of their observations. Adult psychoanalytic trainees doing a one-year observation.	21	The mothers and the observers had parallel experiences and the process could help the mothers with their mothering tasks.
2002	Watillon, A.	Observer Mothers Interviewed.	Observations done by already qualified psychoanalysts for one year. Author was the tutor	62	Could not reach any overall conclusions. It was a helpful experience. People volunteered because they wanted to help.
2008	Watillon-Naveau, A.	Observer Mothers Interviewed	As above	38	Out of total of 100 interviews only 2 described a difficult or unsatisfactory experience. Everyone else described it as good and helpful.

Table 2- IPA/Psychoanalytic Papers- Results

<u>Author and Date</u>	<u>N</u>	<u>Themes</u>	<u>Evidence of moving into 'meaning making'</u>	<u>Way of extrapolating existential import</u>	<u>Rigour according to Smith's criteria.</u>
Nolan, M. 2011 The Experience of Living with Spinal Cord Injury in the early Months Following Discharge. <i>Univ Essex Doc</i>	5	3 common themes -Continuity and change of self - Learning to manage an altered body. - From catastrophe to challenge	1] Uses reflexivity- what feels important. 2] evaluates responses to direct questions 3] powerful and significant words, striking imagery. 4] timing- what emerges when in the interview. 5] when a strong sense permeates. 6] incongruities. 7] repeated words and phrases. 8] contrasting tones.	A combination of 'appraisal'- (p102) i.e. what the participants make of the experience, and reflexivity (countertransference) i.e. what the researcher felt was most impactful in the material. Previous literature and theory provides some confirmation. Participant's clearly stated beliefs.	1] Principles of IPA- Yes 2] Coherent and plausible- Yes 3] Extracts illuminating themes from every participant- Yes. 4] At least 2 good themes, preferably 3- Yes. Overall- Acceptable
Reid, M. 2002 The Inner World of the Mother and her New Baby- Born in the Shadow of Death. <i>Journal of Child Psychotherapy</i> 29 2	3	4 common themes - mother's experience of the loss of the baby -mother's relationship with the new baby - mother's relationship with other children and partner - mother's relationship with the therapist.	1] uses reflexivity. 2] strong emotions. 3] common strong feelings. 4] theoretical hypotheses.	" projection on behalf of the patient, and observation, intuition, theoretical knowledge and the clinicians own experience of the analytic setting"	1] Principles of IPA- Partly- uses IPA and some Grounded Theory 2] Coherent and plausible- Yes 3] Extracts illuminating themes from every participant- Yes. 4] At least 2 good themes, preferably 3- Yes. Overall- Acceptable
Boswell, S. & Cudmore, L. 2013. The Children Were Fine. <i>Journal of Child Psychotherapy</i> & a download.	4 x 2	-early days -planning stage - moving home - let sleeping dogs lie	1] common use of language and particular words 2] changes of tone 3] change to language of "procedures and plans" 4] universal agreement 5] "sudden outpouring of grief"	Reflexivity and countertransference is not specifically mentioned, but implied in the section on research findings. Otherwise a mixture of strong emotion and theoretical ideas give possible existential significance.	1] Principles of IPA-Yes 2] Coherent and plausible- Yes 3] Extracts illuminating themes from every participant- No 4] At least 2 good themes, preferably 3- Yes. Overall- Acceptable
Lempen, O. & Midgely, M. 2006 Exploring the Role of Children's Dreams in	4	- where is the royal road - developmental meaning of dreams	Using the "constant comparative method" (Glaser and Strauss, 1967), themes identified by researchers individually. Used strong feeling, repeated	A mixture of theory and the strongly held views of the participants.	1] Principles of IPA- Partly 2] Coherent and plausible- Yes 3] Extracts illuminating themes from every participant- Yes 4] At least 2 good themes,

Psychoanalytic Practice Today. <i>Psychoanalytic Study of the Child</i> 61 p288		- working with dreams in the here-and-now.	ideas across participants, reflexivity what they felt was powerfully emerging] and disagreements between participants.		preferably 3- Yes. Overall- Acceptable
Holmes, J. 2012 Observing Snack Time at a Psychoanalytic Parent-Toddler Group. <i>Journal of Child and Adolescent Psychotherapy</i> 11 39	6	- snack time as an affective experience - battles for autonomy at snack time . - snack time as a period for observation and learning	"Event boundaries", individual significant events, interesting descriptions, broad inferences and possible meaning of behaviours. Observer's emotional reactions.	The conclusions were discussed with members of the team –including child psychotherapists to offer triangulation. Reflexivity was used to identify the existential meaning of both eating and table behaviour to the mothers and toddlers.	1] Principles of IPA-Yes 2] Coherent and plausible-Yes 3] Extracts illuminating themes from every participant- Yes 4] At least 2 good themes, preferably 3- Yes. Overall- Acceptable
Barone Chapman, M. 2007 Affects and meaning making in the drive to conceive through the repeated Use of ART. <i>Journal of Analytical Psychology</i> 52 4	3	-relationship to motherhood. - mothering and sexuality - feelings and relationship to mother -relationship to work and other non-uterine activity. -fertility crisis -The problem the fertility treatment is trying to solve -meaning making	Repeated words and phrases. Body language. Strong emotions. Meaning making included in the themes.	There are 7 themes which all relate to motherhood. Researcher used reflexivity and generalised agreement to extract existential import, but obviously this is also informed by a contextual universal discourse about motherhood.	1] Principles of IPA-Yes 2] Coherent and plausible-Yes 3] Extracts illuminating themes from every participant- Yes 4] At least 2 good themes, preferably 3- Yes. Overall- Acceptable
Midgely, Target & Smith 2006. The Outcome of Child Psychoanalysis from the Patient's Point of View <i>Psychology and Psychotherapy</i> 79 2	27	-if it did help me, I'm grateful- but how do I establish that - its good to talk -my ability to cope has changed -the tools for self-analysis - I wasn't sure it was doing any good -I think it made things worse	A large sample size enables numbers to be used for evidence. What is 'striking' in the narrative and what stuck the interpreters of the data	Some supportive references, but mostly in the words of the participants, about matters which are human difficulties and concerns-attachment, "ability to plan and predict one's own and other's responses, particularly within relationships"	1] Principles of IPA-Yes 2] Coherent and plausible-Yes 3] Extracts illuminating themes from every participant- Yes 4] At least 2 good themes, preferably 3- Very big sample, but Smith himself contributed Overall- Acceptable
Bury, Raval, &	6	4 super ordinate	3 authors read and re read transcripts	They acknowledge their bias in respect of	1] Principles of IPA-Yes 2] Coherent and plausible-

<p>Lyon, L. 2007 Young People's Experiences of Individual Psychoanalytic Psychotherapy <i>Psychology and Psychotherapy; Theory, Research and Practice</i> 80 pp79-96</p>		<p>themes with sub themes. - seeking help and engagement (3 subs) Beginning therapy (2 subs) -the process of being in therapy (3 subs) -ending therapy</p>	<p>"identifying lower order and higher order themes as they emerged." They also used "groundedness" (p83), had 2 transcripts subject to independent audit. Also used literature and congruence between authors, and between all/most/many of the participants.</p>	<p>psychoanalytic thinking, and in the use of participants who were involved in the service the lead researcher worked for. Thus the identifying of "higher order themes" is informed by their psychoanalytic perspective</p>	<p>Yes 3] Extracts illuminating themes from every participant- all/most 4] At least 2 good themes, preferably 3- Yes Overall- Acceptable</p>
<p>Weitkamp, K., Klein, E., Hofmann, H., Wiegand-Greife, S., Nat, R., & Midgley, N. (2017) Therapy Expectations of Adolescents with Depression Entering Psychodynamic Therapy: A Qualitative Study <i>Journal of Infant, Child and Adolescent Psychotherapy</i>16 1 pp93-105</p>	6	<p>-not knowing but being cautiously hopeful - therapy as a long and difficult process - therapy as a place to understand oneself and develop - the importance of the professional and interpersonal skills of the therapist.</p>	<p>Author 1 did the interviews; 1& 2 did the data analysis. 3rd & 4th did "first steps of IPA" (p96) and NM did the audit. He 4 themes were present in all interviews. They did a lot of cross checking and audit to <u>confirm</u> the findings of the researcher about the meanings of the description</p>	<p>It is hard to say how this movement is evidenced. There is a small amount of theory and references to other contributions in the field but there is nothing about how the researcher is embedded.</p>	<p>1] Principles of IPA-Yes 2] Coherent and plausible- Yes 3] Extracts illuminating themes from every participant- yes 4] At least 2 good themes, preferably 3- Yes Overall- Acceptable</p>
<p>Barros, M., Kitson, A. & Midgley, N. (2008) A Qualitative Study of the Experience of Parents Attending a Psycho</p>	7	<p>Higher level - reasons for coming - aspects of experience in the group. Lower level - the setting of the toddler groups - what it was like as a parent coming</p>	<p>There is a very good description of the process (p277) – literature review, leading to basic questions modified by research team to cover "relevant issues". There is a lot of explanation of how they used cross checking, audit and inter researcher reliability to evidence this movement.</p>	<p>They specified the psychoanalytic understanding of the purpose of such parent toddler groups; (p275) the existential import is underpinned by this and the research question is underpinned by the belief that early intervention is crucial for later good mental health, and that good parenting needs support .</p>	<p>1] Principles of IPA-Yes 2] Coherent and plausible- Yes 3] Extracts illuminating themes from every participant- all/most 4] At least 2 good themes, preferably 3- Yes Overall- Acceptable</p>

analytically Informed Parent-Toddler Group <i>Early Child Development and Care</i> . 178 3 pp 273-288		to these groups - how the parents felt the toddlers themselves experienced coming			
Boswell, S. & Cudmore, L. 2017 Understanding the 'Blind Spot' when Children Move from Foster Care to Adoption 2017 <i>Journal of Child Psychotherapy</i> 43 2 pp243-257	4 x 2	-early days -planning stage - moving home - let sleeping dogs lie	This paper uses the same research as the 2013 paper by the same authors, above. They refer to some similarities and differences between the two groups, the individual dyads are not compared but meaning making is co constructed between them.	Conclusions are well argued with a mixture of convincing and illuminating theory and the results of the research, and this gives existential import. They show that there is an avoidance of knowledge of the children's loss and the need to help them with it when they are moved and their attachment patterns are disrupted.	1] Principles of IPA-Yes 2] Coherent and plausible-Yes 3] Extracts illuminating themes from every participant- all/most 4] At least 2 good themes, preferably 3- Yes Overall- Acceptable
Donachy, G.S. 2017 The Caregiving Relationship Under Stress: Foster Carers' experience of Loss of the Sense of Self. <i>Journal of Child Psychotherapy</i> 43 2 pp 223-242	6	Overarching theme - loss of a sense of self. 3 subthemes - uninvited identifications - uncertainty and confusion - importance of loss	There is only one theme described in detail, and it was found in all the participants. It was confirmed by the interviews with the social workers, although their transcripts were not analysed	Author uses theory and her own emotional responses, including her countertransference, to evidence her conclusion about the existential import.	1] Principles of IPA-Yes 2] Coherent and plausible-Yes 3] Extracts illuminating themes from every participant- Yes 4] At least 2 good themes, preferably 3- Not in this paper, but implied in the research as a whole Overall- Acceptable
Haskayne, D. Larkin, M. & Hirschfield, R 2014. What are the Experiences of Therapeutic Rupture	4 x 2	- negative emotion as dangerous - therapeutic discovery: gradual and hard work - the struggle; not knowing; control and power	This is set out in a table with the stages of "process and procedure". Reading and re reading of transcripts and listening to the recordings was followed by "systematic, line by line coding of the experiential claims, concerns & understandings"	As the process developed, they were able to examine the differences and similarities in each individual dyad as well as between the therapists and clients groups. They also used regular discussions between themselves and an IPA research group.	1] Principles of IPA-Yes 2] Coherent and plausible-Yes 3] Extracts illuminating themes from every participant- Yes 4] At least 2 good themes, preferably 3- Yes Overall- Acceptable

and Repair for Clients and their Therapists Within Long- Term Psychodyn amic Therapy? <i>British Journal of Psychothe rapy</i> 30 1 pp68-86		-the positive connection; emotional sensitivity; shining a light			
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Table 3- Repeated words etc

Code	Lovely/loved	<u>Watched/</u> <u>judged</u>	<u>Put at</u> <u>ease</u>	<u>Direct</u> <u>speech</u>	<u>Silences</u>	<u>Inter-</u> <u>phrasal</u> <u>breaks</u>	<u>Where</u> <u>(last 2)</u>
D1	22	20	2	5	12	4	all around the ending
O1	6		2	8	41	28	everywhere. Esp. the baby's development
D2	16	2	3	21	31	10	others' views
O2	8	3	3	7	38	37	everywhere
D3	13	15	4	17	31	7	father; not working
O3	4	4	1	7	12	5	father
D4	9	23	8	15	19	12	about observation
O4	3			8	178	153	everywhere
D5	6	6	6		82	25	about observation
O5	5			15	114	92	everywhere